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COUNTY BOROUGH OF SOUT Hend-ON-SEA

REPORT

ON THE WORK OF

PUBLIC HEALTH DEPARTMENT

For the Year 1953

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COUNTY BOROUGH OF SOUTHEND-ON-SEA

HEALTH COMMITTEE

Chairman:

Alderman Mrs. M. Broom

Vice-Chairman:

Councillor B. S. Clarke, M. P. S.

The Mayor

Alderman F. Cause

Alderman W. Bray

Councillor A. Crush

Councillor A. E. Hill, J. P.

Councillor F. W. Bacon

Councillor Mrs. F. Godfree

Councillor Mrs. H. Crawford

Alderman Mrs. C. Leyland, O. B. E.

Councillor Mrs. W. M. Dalwood

Councillor L. C. Pedder

Councillor Dr. Ritchie

Councillor Mrs. V. Muncy

Councillor S. A. Telford

Co-opted Members:

B. F. Allen, Esq. J. P.

Dr. M. R. Hunt

Mrs. L. A. Lewis

CARE, AFTER-CARE AND WELFARE SUB-COMMITTEE.

The Council Members of the Health Committee, together with Mrs. A. E. Jarvis, B. F. Allen, Esq. J. P. and Revd. J. D. Mann, M. A.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

The Council Members of the Health Committee, together with Mrs. A. E. Jarvis, Miss M. E. Reay, C. B. E., J. P. & Dr. M. R. Hunt.

RESIDENTIAL ACCOMMODATION SUB-COMMITTEE.

The Council Members of the Health Committee, together with Mesdames A. E. Jarvis, F. E. Monk and L. A. Lewis.

JOINT HEALTH AND EDUCATION COMMITTEE.

Chairman: Councillor B. S. Clarke, M. P. S.

Vice-Chairman: Alderman Mrs. M. Broom.

The Mayor

Alderman W. Bray

Councillor L. C. Pedder

Councillor F. W. Bacon

Councillor A. V. Mussett

Councillor Dr. Ritchie

Alderman Mrs. C. Leyland, O. B. E.

Councillor A. Crush

Mrs. S. Sylvester

Miss M. E. Reay, C. B. E., J. P.

Councillor P. B. Renshaw, I. S. O.

ANNUAL REPORT

I have the honour to report, in conformity with Ministry of Health Circulars 42/51 and 1/54, on the work of the Public Health Department during 1953.

Detailed reference to the various ways in which the work of the local health authority is integrated with the other sections of the National Health Service was made in a previous report, so these matters have only been now touched on where necessary for an adequate appreciation of developments in your services.

Your vital statistics afford grounds for satisfaction. The infant mortality rate of 16.59 per 1,000 live births is once more a record low figure, and invites comparison with any other similar community in this country.

Infectious diseases again made considerable demands on your staff. Poliomyelitis, which dominated the close of the summer and early autumn of 1952 reappeared in the spring of 1953 and the outbreak did not end until the summer was far advanced. The development of our administrative techniques in connection with the disease continued, and may not have been without influence on practice in other parts of the country.

To the Committees whom we serve, and to all my staff I continue to be as deeply indebted as ever, and the opportunity of expressing thanks for all the obligations of which I am so sensible, is most gratefully accepted.



MEDICAL OFFICER OF HEALTH.

VITAL STATISTICS, 1953.

POPULATION			
Census 1951	...	...	151,830
At mid-year 1953, as estimated by Registrar General			152,800
At mid-year 1939, as estimated by Registrar General			137,800

Rates per 1,000				
		SOUTHEND- ON- SEA.	England and Wales	London Administrative County
Births: Live				
Total	2,049)	14.35*	15.5	17.5
Males	1,065)			
Females	984)			
Births: Still				
Total	34)	16.32	22.4	21.0
Males	19)			
Females	15)			
Deaths:				
Total	2,118)	10.95*	11.4	12.5
Males	957)			
Females	1,161)			
Deaths from:				
Typhoid	-	-	0.00	-
Whooping Cough	-	-	0.01	0.00
Diphtheria	-	-	0.00	-
Tuberculosis	19	0.12	0.20	0.24
Influenza	28	0.18	0.16	0.15
Smallpox	-	-	0.00	-
Acute Polio- myelitis	5	0.03	0.01	0.01
Pneumonia	140	0.92	0.55	0.64

Rates per 1,000 Live Births.				
Deaths from all causes under 1 year of age:				
Total	34)	16.59	26.8	24.8
Males	24)			
Females	10)			
Deaths from Enteritis and Diarrhoea under 2 years of age				
	3	1.46	1.1	1.1
Rates per 1,000 Total Births.				
Women dying in, or in consequence of, childbirth				
	2	0.96	0.76	Not available

- Note 1.** The rates marked * are adjusted rates, being calculated by multiplying the "crude" rate by comparability factors, namely, Births 1.07. Deaths 0.79.
- 2.** The rates for England and Wales and London Administrative County are based by the Registrar General on the quarterly returns and are designated "provisional".

POPULATION

The estimated mid-year population is 1,300 more than mid-1952. Before drawing any inferences from this increase it should be remembered that the total includes members of the Armed Forces stationed in the area, the numbers of whom may vary within short periods of time.

BIRTHS.

There were 2,049 live births, 23 fewer than in 1952 and 24 fewer than in 1951. The expectation that there would be no significant variation in the total of births was again fulfilled.

The total illegitimate births, 118, was 18 fewer than in 1952, but 7 more than in 1951.

STILLBIRTHS.

The welcome decline in the stillbirth rate has continued.

The 34 stillbirths registered during the year were 6 fewer than in 1952. The rate per thousand total births declined from 18.94 to 16.32.

DEATHS.

The number of Southend residents who died during the year was 2,118 as compared with 2,007 in the previous year. The male total mortality was 957 being 1 fewer than in 1952, the female total rose from 1,049 to 1,161. The increase of 112, was almost wholly at ages over 75, there being 110 additional deaths in this group.

The crude death-rate of 13.9 per 1,000 when "corrected" by the "comparability factor" of .79 was 10.95 per 1,000 as compared with the national rate of 11.4.

Tuberculosis

There were 19 deaths from pulmonary tuberculosis, 12 males and 7 females. This total, though one more than last year, is very satisfactory, the rate per 1,000 being 0.12 as compared with 0.20 in England and Wales and 0.24 in the administrative county of London.

Cancer

There were 387 deaths (194 males and 193 females) being 11 more than in 1952. The 51 deaths from cancer of the female organs, (breast 42 and uterus 9) balance the excess of male mortality (61 as compared with 9 female) from cancer of the lung.

Vascular Lesions of the Nervous System

There were 331 deaths (109 males and 222 females) from these causes as compared with 268 in 1952.

Heart Diseases

There were 697 deaths (304 males and 393 females) from this cause; of these 594 (males 243 and females 351) were over the age of 65. Coronary disease and angina accounted for 311 deaths (males 163 and females 148), hypertension with heart disease for 58 (males 19 and females 39) and other forms of heart disease 328 (males 122 and females 206).

Violence

Motor vehicle accidents caused 12 deaths, (11 male and one female), of these 5 male and the only female death were aged 65

and over. There was one death between 5-15 years, 3 between 15 and 25, and 2 between 45 and 65.

All other accidents cost 25 lives, (17 males and 8 females) being 6 fewer than in the previous year. A fall occurred from 23 to 15 in the number of deaths from suicide; of the 9 male deaths, 4 were aged 25-45, and 5 between 45 and 65, the female suicides were 4 in the age group 45-65 and 2 in the group 65-75.

Infant Mortality

There were only 34 deaths in the first year of life compared with 40 in 1952. This represents a rate of 16.59 per 1,000 live births, as compared with the national rate of 26.8. **For the second year in succession there was a record low rate for Southend-on-Sea.** The only unsatisfactory feature of the infant mortality experience is the 3 deaths of children under the age of 2 from Enteritis and Diarrhoea. The rate of 1.46 per 1,000 live births is 0.36 per 1,000 higher than the rate for England and Wales. The mortality from these causes is generally regarded as a very sensitive index of environmental conditions and maternal care.

Maternal Mortality

There were 2 deaths from maternal causes, and the rate of 0.96 per 1,000 total births is **above** the national rate of 0.76 per 1,000.

Deaths of Children of School Age

Particulars of the 9 deaths known to the department of children of school age are: -

M	8 years	Tetanus secondary to infected tooth socket.
M	10 years	Brain Tumour.
M	13 years	Traffic accident.
M	14 years	Streptococcal septicaemia.
F	5 years	Tuberculous meningitis - a recurrence of a minimal lesion, originally contracted from parent.
F	6 years	Shock from operation - appendicectomy. Congenital heart disease - mongolism.
F	14 years	Multiple metastases. Retroperitoneal sarcoma.
F	14 years	Reticulum cell sarcoma.
F	14 years	Reticulosis - Leukaemia.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical and Dental Staff: Whole time.

James Stevenson Logan, M.B., Ch.B., D.P.H., Medical Officer of Health; Principal School Medical Officer.

John Conway Preston, M.R.C.S., (Eng.), L.R.C.P. (Lond.), D.P.H., Deputy Medical Officer of Health; Deputy Principal School Medical Officer.

John Greenhalgh, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P., D.A., Assistant Medical Officer of Health; School Medical Officer.

Dorothy Kirby Paterson, M.B., B.S., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Lond.), Assistant Medical Officer of Health; School Medical Officer.

Catherine Ishbel Mackenzie Ross, M.B., Ch.B., C.P.H., Assistant Medical Officer of Health; School Medical Officer. Appointed 16.2.53, resigned 27.12.53.

Edgar Crees Austen, L.D.S., R.C.S. (Eng.), Principal School Dental Officer.

Medical Staff: Part time.

Flora Bridge, M.B., B.S., F.R.C.S., Obstetric Adviser, Consultant Obstetrician and Medical Supervisor of Midwives.

E.G. Sita-Lumsden, M.A., M.D. (Cantab.), M.R.C.P., M.R.C.S., Consultant Physician for Tuberculosis.

Ralph Norman, M.D. (Lond.), Medical Officer, Southend Infant Centre and Shoeburyness Infant Clinic. (deceased 21.2.53).

Joan Lydia Lush, M.B., B.S., B.Sc., M.R.C.S. (Eng.), L.R.C.P. (Lond.), Medical Officer, Southchurch Infant Centre.

Mary Cecilia Maley, B.A., M.B., B.Ch., B.A.O., Medical Officer, Westcliff Infant Clinic and locum tenens Shoeburyness Infant Clinic from 17.2.53.

Thomas Lee, M.A., M.R.C.S., L.R.C.P., Medical Officer, Leigh Infant Clinic.

Joan Frankton, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., Medical Officer, Southend Infant Centre, until 27.10.53. (Paediatric Registrar, General Hospital, Southend-on-Sea).

Katherine Grice, M.B., B.S., M.R.C.S., L.R.C.P. (Eng.), Medical Officer, Southend Infant Centre from 24.11.53. (Paediatric Registrar, General Hospital, Southend-on-Sea).

G. Thornton Dudley, M.B., B.Ch., Medical Officer, Southend Ante-Natal Clinic.

Principal Lay Officer, Chief Clerk and Ambulance Officer:
Mr. Ernest A. Beasant.

Health Visitors and School Nurses:

Superintendent Miss E. M. M. Roberts (a), (b), (c).
Miss K. M. Burnett (a), (b).
Miss M. Butcher (a), (b), (c). Retired 5.8.53.
Miss M. N. Withams (a), (b), (c).
Miss D. E. Stevens (a), (b), (c), (d).
Mrs. A. M. Hart (a), (b), (c).
Miss F. L. Blackburn (a), (b), (c).
Miss M. K. Lock (a), (b), (c).
Miss G. M. Willcocks (a), (b), (c), (d), (h). Resigned 9.12.53.
Miss B. M. James (a), (b), (c).
Mrs. J. M. Fairfax (a), (b), (c). Diploma in Social Studies,
University of London.
Mrs. U. MacGrath (a), (b), (c).
Miss D. M. Purser (a), (b), (c). Resigned 5.11.53.
Miss L. M. Marshall (a), (b), (c).
Mrs. M. Ince (a), (b), (c). Resigned 28.12.53.

Tuberculosis Health Visitors:

Mrs. E. E. Rowden-Roberts (a).
Mrs. C. M. Wilson (a), (b), (c).

Municipal Midwives:

Mrs. A. L. Blackwell (b). Retired 6.7.53.
Miss K. Boosey (b).
Miss E. A. Burnett (b). Retired 9.2.53.
Mrs. F. D. Etherington (b).
Mrs. C. M. Eggleston (b).
Miss A. M. Kerswell (b).
Miss W. M. Randall (a), (b).
Mrs. P. Priest (b).
Miss R. Hodges (b).
Miss I. G. Prince (a), (b).
Mrs. C. M. Guildford (a), (b).
Miss R. Willis (a), (b). Resigned 27.8.53.
Mrs. S. A. Franklin (a), (b). From District Nursing 1.4.53.
Miss D. Bicknell (a), (b). Appointed 7.5.53.
Miss O. M. Cooper (a), (b). Appointed 16.8.53.

District Nurses:

Full-time Staff:

Superintendent of District Nurses and Midwives,
Miss D. G. Head (a), (b), (c), (d).

Deputy Superintendent of District Nurses and Midwives,
Miss G. M. Willcocks (a), (b), (c), (d), (h).
Appointed 10.12.53.

Miss C. Gallehawk (a).
 Mrs. R. R. Clark (née McCallum) (a), (d).
 Miss F. Poskitt (a).
 Mrs. A. L. Ventris (g).
 Mr. J. Guildford (a), (d).
 Mr. E. Stephenson (a), (d).
 Mrs. S. A. Franklin (a), (b). Transferred to Midwifery Service
 1.4.53.
 Miss A. M. Daplyn (a), (b), (d). Resigned 31.10.53.
 Mrs. M. Ebsworth (a). Resigned 31.10.53.
 Mr. T. B. Price (a), (d). Resigned 24.1.53.
 Miss W. M. Haines (a). Re-appointed 1.4.53.
 Mrs. D. Robinson (a). From Part-time 17.1.53. Resigned 31.10.53.
 Mr. D. C. Pepper (a). Appointed 11.2.53.
 Mr. F. J. Sinn (a), (d). Appointed 16.2.53.
 Miss V. H. Hart (a), (d). Appointed 24.2.53.
 Miss I. M. Davis (a), (b), (d). Appointed 23.3.53.
 Miss W. M. Bartlett (a), (b), (d). Appointed 13.10.53.
 Miss S. M. Cosham (a), (d). Appointed 19.10.53.
 Miss B. J. Adcock (a), (b). Appointed 12.12.53.

Part-time Staff:

Mrs. V. M. Baker (a), (b).
 Mrs. G. D. Lines (a), (d).
 Mrs. F. V. Monk (a), (b).
 Mrs. M. Taylor (a), (b), (c).
 Mrs. C. Cumberland (a).
 Mrs. A. Hillman (e).
 Mrs. M. C. Ross (a) Resigned 26.3.53.
 Miss H. Maddox (a).
 Mrs. I. Beckwith (a).
 Mrs. M. L. Hemmings (a). Resigned 21.4.53.
 Mrs. G. Apperley (a). Resigned 13.11.53.
 Mrs. B. Brown (a).
 Mrs. A. Ayres (a).
 Mrs. C. Jolly (a).
 Mrs. E. B. Beckwith (a).
 Mrs. V. Blaylock (a), (d). Resigned 31.7.53.
 Mrs. G. Garforth (a).
 Mrs. S. K. Murphy (a).
 Mrs. S. Petty-Mayor (a). Resigned 19.2.53.
 Mrs. D. M. McCrea (a).
 Mrs. I. L. French (a). Re-appointed 11.2.53.
 Mrs. D. E. Dawson (a). Re-appointed 14.10.53.
 Mrs. M. Walters (a). Appointed 20.10.53.

- a State Registered Nurse
- b State Certified Midwife
- c Health Visitor's Certificate
- d Queen's Nurse
- e Certificate of R.M.P.A.
- f State Registered Mental Nurse
- g State Enrolled Assistant Nurse
- h State Registered Fever Nurse

Chief Sanitary Inspector:

Mr. R. A. Drake, B. E. M., M. R. S. I. (a), (b).

Deputy Chief Sanitary Inspector:

Mr. J. H. Lott (a), (b). Resigned 24.3.53.

Mr. A. C. Arnold (a), (b). Appointed 25.3.53.

Assistant Sanitary Inspectors:

Mr. E. A. Smith (a), (b).

Mr. R. E. Williams (a), (b).

Mr. A. E. Riches (a), (b).

Mr. M. J. Desmond (a), (b). Resigned 6.9.53.

Mr. P. Adams (a), (b).

Mr. A. G. Nightingale (a), (b).

Mr. S. B. Brook (a). Appointed 2.2.53.

Pupil Sanitary Inspectors:

Mr. G. L. Cline.

Mr. D. J. Gwynn.

Mr. C. W. Daws. Appointed 4.8.53.

Rodent Officer:

Mr. G. Reynolds.

a = Certificate of R.S.I. and Sanitary Inspectors
Joint Board.

b = Certificate of R.S.I. for Inspection of Meat
and other Foods.

Home Teacher to the Blind:

Miss N. G. Westby, Certificated Home Teacher.

Mental Deficiency Officer:

Miss M. A. Brock, Social Studies Certificate, University of
London.

Duly Authorised Officers:

Mr. E. W. Smith.

Mr. G. Dawson.

Supervisor of Home and Domestic Helps:

Mrs. F. E. M. Goddard.

Superintendent of Connaught House:

Mr. W. L. Jones

Matron of Crowstone House:

Mrs. F. M. Ratcliffe. Appointed 4.2.53.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

It is with great regret I have to record the death of Dr. Ralph Norman who was associated for so many years with your work for mothers and infants. He was appointed a part-time medical officer to the Maternity Centre at the Westcliff Institute in 1915, and when individual infant welfare and ante-natal sessions were later arranged to replace the earlier composite clinic, he became medical officer to both. There can be few practitioners who have been active for so long in this major advance in preventive medicine, or who have a finer record of service.

With Dr. Norman, came his gracious wife to be a loyal and devoted voluntary worker at the clinics for over 30 years, and to attract to this work a succession of ladies whose services have been as valuable as they have been never-failing and unobtrusive.

In these days of rapid change much is forgotten. It is therefore proper to refer to Dr. Norman's work at the Poor Law Infirmary, Rochford, later to become the Southend Municipal Hospital. There was then no highly developed service of specialists, the area being largely dependent on local resources; in these circumstances he was often consulted about difficult medical and obstetrical problems in the wards at Rochford, his opinion being rightly highly esteemed.

Dr. Norman saw very clearly the need for specialist services and accepted with cheerfulness and dignity the alterations these made in his own practice, involving as they did the narrowing of his own field of activity, and a somewhat indefinable alteration of status. He went further, and as one would expect from a man with so great an integrity and clarity of judgement, made the fullest use of them for his patients' benefit.

As a member of the Local Medical War Committee he was invaluable. He saw the fundamentals of any issue clearly, was forthright in his views, possessed qualities of character which led him to judgements adverse to his own personal interest and fortified us all in a difficult task.

Miss M. Butcher, health visitor and school nurse, retired on grounds of age in August. Appointed 1925, she had worked mainly in the Leigh area, during most of which time its continuous growth outstripped the creation of new health visiting districts and her difficulties were increased by distances and a not very convenient transport service.

The area presented other challenges too, for it took in the remnants of the historic fishing and sea port, the long straggle of houseboats moored along the creek, a very modern block of flats, and a population with a very high proportion of professional, managerial or highly skilled residents.

Miss Butcher secured the confidence and trust of all these different groups as successfully as she braved the arduous tramps along the sea wall to her houseboat dwellers, a very considerable achievement which made for a growing and willing acceptance of all our services.

Her affections were, however, most deeply rooted in Old Leigh, and whatever alterations were made in the limits of her district she always asked, and was allowed, to work in it.

Dr. Catherine Ross, a young Edinburgh graduate joined us in February, and to our general regret left at the end of the year for personal reasons.

Miss G.M. Willcocks, health visitor and school nurse, obtained a well merited promotion on being appointed as deputy to the superintendent of the Home Nursing Service.

Mrs. J.M. Fairfax, health visitor and school nurse, is to be congratulated on obtaining the Diploma in Social Studies of the University of London, with Honours in Psychology, after a 4 year course of part-time study at the Southend-on-Sea Municipal College.

During the year two of our municipal midwives Miss E.A. Burnett and Mrs. A.L. Blackwell, retired on February 9th and July 6th respectively. Both were appointed to the Municipal Midwifery Service at its inception in September 1937. Before joining the Department they had been in private practice in the area for a number of years so that each had given long service to our mothers.

When the war compelled the evacuation of our expectant mothers, Miss Burnett was seconded for service at an emergency maternity home at Ely, where her services during nearly three years were highly appreciated.

Mrs. Blackwell, on the other hand, had to remain in Southend where, in common with her other colleagues, she showed the utmost devotion to duty amid all the adversities and anxieties of that time.

They take with them into retirement the grateful remembrances and good wishes of the large number of mothers on whom they have attended.

In general, the recruitment of staff remained difficult, for the demand for trained personnel was as keen as ever, and the differential rewards for skill, experience and ability continued to narrow.

NATIONAL HEALTH SERVICE ACT 1946

1. ADMINISTRATION.

The Council's Public Health functions are carried out by the Health Committee which, in addition to the duties ordinarily assigned to a Committee so titled, is responsible also for the authority's functions under the National Assistance Act 1948, (Section 50 excepted).

The Health Committee is formed of 15 members of the Council together with 3 co-opted members, representing the Southend Group (No. 15) Hospital Management Committee, the Southend Local Executive Council and the Southend Local Medical Committee respectively. With the exception of matters specifically delegated to its 3 Sub-Committees, the Health Committee deals directly with all the duties referred to it. The Sub-Committees are,

Maternity and Child Welfare Sub-Committee
Care, After-care and Welfare Sub-Committee
Residential Accommodation Sub-Committee

Each Sub-Committee consists of the whole of the Council members of the Health Committee, together with 3 co-opted members who have special experience of the work assigned to the respective Sub-Committees.

The Maternity and Child Welfare Sub-Committee deals more specifically with the ante-natal and post-natal clinics, the infant welfare centres, the domiciliary midwifery service and the home help scheme.

The Care, After-care and Welfare Sub-Committee deals with prevention, after-care, rehabilitation and convalescence and the welfare of handicapped persons.

The Residential Accommodation Sub-Committee's duties are to be inferred from its title.

With the exception of some matters concerned with the enforcement of statutory requirements and bye-laws, the granting of licences and the effecting of registrations, the Health Committee has no delegated powers, nor has any substantial difficulty been caused by their absence.

The medical officer of health is generally responsible for control, supervision and co-ordination of the services, his deputy is more particularly concerned with the school medical service, infectious diseases, the mental deficiency section and general assistance with administration. The principal lay officer supervises the ambulance service, the domestic help scheme, all administrative aspects of after-care, welfare and residential accommodation, as well as dealing with the general work of the department.

There is a superintendent health visitor, a superintendent of home nursing who also supervises the domiciliary midwifery service, and a supervisor of domestic help. There is no senior nursing officer charged with the overall co-ordination of these services, the responsible sectional heads being encouraged, and indeed expected, to secure adequate co-operation and mutual help at their own levels. So far, these arrangements have proved to be both economical and fully adequate.

2. EXPENDITURE.

Local Health Services statistics 1952/53, prepared by the Institute of Municipal Treasurers and Accountants and the Society of County Treasurers.

For all County Boroughs the average total net expenditure per 1,000 population was £829.19.0. being £75.18.0 more than in 1951/52. Southend costs rose from £468.1.0. to £546.4.0., an increase of £78.3.0.

For all County Boroughs, the ambulance service cost only £6.16.0. per 1,000 population more than in 1951/52, whereas the cost of your ambulance service rose by £22.18.0. to £100.12.0. The reasons for the phenomenally low cost of this service (in 1951 it was almost half the average for the country) are as well known as are those for the somewhat steep rise in local costs. Except for the ambulance service your average costs have increased rather less than throughout the country as a whole.

As has been pointed out on previous occasions, **some** of the great disparity, i.e. **£283.15.0.** per thousand population, between £829.19.0., the average cost in County Boroughs, and £546.4.0. in Southend is due to the non provision of day nurseries which cost an average of £112.12.0. per 1,000 population. Another marked difference is in respect of mental health where the national County Borough average is £41.3.0. per 1,000 population and Southend's figure is £16. This disparity will largely disappear when the costs of the Occupation Centre have to be met. Even when these allowances are made your costs remain comparatively low.

It will be observed that in Southend you spent £107.9.0. per 1,000 population as compared with £68. 0. 0. in all County Boroughs on the Domestic Help Service, but any misgivings on this account are set at rest when it is observed that the cost per case serviced in Southend, namely **£22.1.0.**, is slightly less than the cost for County Boroughs as a whole, namely **£22.15.0.**

The Domestic Help service is one which is mainly used by the old and infirm of whom there are a disproportionate number in the County Borough. If your population was similar in sex and age distribution to the national pattern it would have to be in excess

of 203,000 persons before you had as many people over 65 as were shown to be living in Southend at the last census. For this reason services provided for old people should cost at least one **third** more than the national figure. Although figures are not available from this return there is reason to believe that the proportion of the expenditure which is recovered in respect of this service is significantly higher than the national average.

Attention is drawn to the figures of expenditure on administration; the Southend cost is considerably lower than average.

Welfare.

The net rate-borne expenditure per 1,000 population in Southend was £307.10.0., being £20.10.0. less than the average for all County Boroughs.

This disparity is in respect of expenditure on Blind Welfare, in which field your expenditure is £44.10.0. less than the average. Workshops for the Blind are very expensive to provide, and the fact that you have none is the explanation here.

On Residential Homes, your expenditure is £44.17.0. above average. This is a proper state of affairs in regard to a population like yours and the difference is certain to grow in future years, if we are to discharge our reasonable obligations to the old.

LOCAL HEALTH SERVICES STATISTICS, 1952 - 1953

	All Authorities		Counties Excluding London		County Boroughs		Southend C.B.C.	
	£	s. d	£	s. d	£	s. d	£	s. d
ANALYSIS OF NET EXPENDITURE AND GRANTS PER 1,000 POPULATION								
Health Centres	CR.	3 0	CR.	3 0		8 0		
Care of Mothers and Young Children- Day Nurseries	86	16 0	63	4 0		112 12 0		
ditto Child Welfare Centre	49	17 0	39	1 0		55 19 0	5 0	
ditto Other Expenditure inc. Maternity Sets	16	9 0	16	1 0		18 3 0	14 0	
Midwifery	91	12 0	96	17 0		86 12 0	5 0	
Health Visiting	56	16 0	53	8 0		58 16 0	5 0	
Home Nursing	99	0 0	102	0 0		90 15 0	18 0	
Vaccination and Immunisation	7	5 0	6	18 0		8 5 0	17 0	
Ambulance Services	195	4 0	214	18 0		152 16 0	12 0	
Prevention of Illness, Care and After-care	31	18 0	26	15 0		31 15 0	17 0	
Domestic Help	80	16 0	75	19 0		68 0 0	9 0	
Mental Health	31	5 0	25	15 0		41 3 0	0 0	
Expenditure as Local Authority under other Enactments	3	9 0	3	1 0		4 12 0	19 0	
Administration	112	10 0	114	19 0		90 17 0	3 0	
Total Net Expenditure chargeable to Rates and Grants	875	12 0	855	7 0		829 19 0	4 0	
National Health Service Grant	434	6 0	424	2 0		411 3 0	14 0	
Net Rate-borne Expenditure	441	6 0	431	5 0		418 16 0	10 0	
MISCELLANEOUS UNIT COSTS (EXCLUDING ADMINISTRATION AND REVENUE CONTRIBUTIONS TO CAPITAL)								
Nurseries- Cost per Annum per Approved Place	85	18 0	79	14 0		88 13 0		
ditto	31	15 0	29	14 0		33 4 0		
Nurseries- Cost per Annum per Child in Average Daily attendance	111	8 0	109	9 0		113 14 0		
ditto	41	4 0	40	15 0		42 12 0		
Child Welfare Centre- Cost per attendance		2 6		1 10		3 0 0	1 4	
ditto		1 2		11		1 1 4	6 6	
Midwifery- Cost per Maternity Case attended	14	19 0	16	5 0		12 7 0	9 18 0	
ditto	1	17 0	2	1 0		1 13 0	12 0	
Health Visiting - Cost per visit		4 2		3 11		4 2 2	2 4	
ditto		2 2		2				
Home Nursing - Cost per Case		3 7		3 10		3 3 3	3 0	
ditto		6 6		5				
Domestic Help - Cost per Case	23	6 0	23	13 0		22 15 0	1 0	
ditto		3 0		2 0		4 0 0	1 0	

The National Health Service Act, 1946, Part III.

SECTION 22. CARE OF MOTHERS AND YOUNG CHILDREN.

Clinics.

INFANT CLINICS. These were held at 2.15 p.m. as under:-

Shoeburyness:

Council Offices, High Street. Doctor's Clinic 1st and 3rd Tuesdays. Health Visitor's Clinic on other Tuesdays.

Leigh-on-Sea:

70 Burnham Road. Mondays and Thursdays.

Southend-on-Sea (Southend and Southchurch):

Municipal Health Centre. Mondays, Tuesdays, Thursdays and Fridays.

Eastwood:

Eastwood Baptist Church Hall. 2nd and 4th Fridays - Health Visitor's Clinic.

Westcliff:

St. Andrew's Church Hall. Doctor's Clinic, Wednesdays; Health Visitors' Clinic, Fridays.

North Avenue:

Ferndale Road Baptist Church, Wednesdays - Health Visitors' Clinic.

Manners Way:

St. Stephen's Church. Tuesdays-Health Visitor's Clinic.

Thorpe Bay:

St. Audrey's. 1st and 3rd Fridays - Health Visitor's Clinic.

Blenheim:

St. James's Church Hall. Alternate Wednesdays - Health Visitor's Clinic. Commenced 9.12.53.

National Dried Milk and Vitamin preparations supplied by the Ministry of Food, as well as proprietary brands of dried milk, were on sale at all infant welfare sessions.

Particulars of attendances are:-

	Southend	Southchurch	Leigh	Shoebury	Eastwood	Westcliff	Manners Way	North Ave.	Thorpe Bay	Blenheim	Total
No. of sessions held	101	100	102	51	24	102	51	50	21	2	604
No. of individuals who attended and who at the end of the year were -											
Under 1 ...	333	306	247	102	23	307	91	150	32	27	1618
Aged 1 year ...	178	212	355	74	25	263	86	132	23	5	1353
Aged 2 to 5 ...	186	326	332	80	18	273	70	52	11	3	1351
Total attendances of											
Infants under 1...	3263	4469	4516	1488	303	5393	1094	2656	424	36	23642
Children aged 1 yr.	788	567	678	267	54	607	183	290	118	6	3558
Children aged 2 to 5 ...	250	615	357	272	39	474	46	86	8	4	2151
No. of children aged 1 to 5 subjected to routine medical inspections ...	317	519	370	70	-	323	-	-	-	-	1599

Packets of National Dried Milk distributed totalled 13,114, of which 117 were supplied free of charge.

Vitamin Preparations:-

Cod Liver Oil	...	5,698
Fruit Juice, Orange		21,954
Vitamin Tablets	...	1,591

It is the policy of the Health Committee to establish health visitors' clinics wherever there is a need, and reasonably suitable premises can be obtained. By this means, best use can be made of the health visitor effort available which, owing to housing developments, has to be spread over larger and larger areas. These clinics also give some opportunity for social intercourse to young mothers who are, for many apparent reasons, not infrequently very lonely persons. The Committee therefore welcomed the opportunity of providing another clinic when the Education Committee ceased to use the St. James' Social Centre in Elmsleigh Drive for school purposes.

The statistics for 1953 show no marked differences from those of recent years. In spite of the free general medical services available under the National Health Service Act, between two-thirds and three-quarters of the infants continued to attend a clinic during the first year of life. During the second year, the number attending always falls off, a decline which is accelerated in the succeeding years of infancy, so much so, that all the children in the last three years of this phase only make the same number of visits as those aged between one and two. Routine medical inspection becomes slightly less popular each year, and shows no signs of emerging from the "doldrums", where it has remained so long.

The importance of Westcliff Clinic was once more clearly apparent, and emphasises the need for *ad hoc* clinic premises in this area.

More dried milk was distributed through your clinics than in the previous year, the increases being National Dried Milk, 3026 tins, and proprietary foods, 1639 tins and packets. The increased demand for National Dried Milk probably resulted from the closure of depots at two shops in the centre of the town which had previously been staffed by the W.V.S.

ANTE-NATAL CLINICS.

Municipal Health Centre: Monday, 9.15 a.m.; Tuesday, 9.15 a.m.; Wednesday, 2 p.m.; Thursday, 9.15 a.m.; Friday 9.15 a.m.

Leigh Clinic, 70 Burnham Road: Wednesday, 2 p.m. (until 10.6.53); Tuesday, 2 p.m. (from 16.6.53); Friday, 2 p.m.

Westcliff Clinic, St. Andrews Church Hall, Electric Avenue: Wednesday, 9.15. a.m.

Shoeburyness Clinic, Council Offices, High Street: Monday, 2 p.m. (On 2nd and 4th Mondays in each month only).

It was not necessary to make any alterations in your arrangements for ante-natal care, and, for the time being at any rate, these services have attained a measure of stability. What a local health authority requires to undertake, is largely determined by what the hospital maternity service on the one hand, and the general practitioner service on the other, leave to be done.

The general practitioners continue to afford maternity medical services to the great majority of expectant mothers whose confinements will take place at home, although the amount of individual attention given varies considerably according to the views of the practitioner.

There are signs that some practitioners desire all routine ante-natal supervision to be undertaken by them at their surgeries, the appropriate municipal midwives being in attendance there.

To point out the serious administrative difficulties which lie in the path of such a development is not to declare oneself hostile to this aim, but the medical profession must surely come to accept that when it refused to relinquish midwifery to a small number of general practitioner obstetricians, it made such an arrangement far from easy.

The maternity services are much more of a unity than their administrative provenance would suggest. The specialist in charge of the maternity unit is obstetric adviser to the Corporation. Her influence permeates all the clinics; the municipal midwives are supervised by her and she remains in close contact with the health visitors, who advise concerning applications for admission to the maternity unit. The department undertakes a vigorous teaching programme which is pursued quite happily at the clinics which are otherwise staffed entirely by hospital personnel, and the common user of the same premises, access to a common record system and the employment of the same ancillary staff make for personal understanding and co-operation at all levels. All this has the desirable result that the individual patient has no knowledge or awareness of administrative boundaries within the service which exists to help her.

During the year there were held 434 ante-natal sessions at which 1,940 individual mothers, that is 104 fewer than during 1952, made a total of 10,668 attendances as compared with 10,625.

Attendances at the Council's clinics were as shown below:-

	Southend	Leigh	Westcliff	Shoebury	Total
No. of sessions held ...	257	101	53	23	434
No. of individual expectant mothers ...	1300	391	161	88	1940
No. of attendances of expectant mothers ...	6849	2398	1078	343	10668

VIRUS INFECTIONS DURING PREGNANCY.

The department continued to co-operate in this enquiry which is sponsored by the Ministry of Health and aims at establishing the nature of the relationship, if any, between maternal virus infections early in pregnancy, and the development of congenital defects in the resultant infant.

BLOOD EXAMINATIONS.

Dr.D.C.Caldwell, director of pathology, tells me the examination of specimens submitted from Leigh ante-natal clinic continued to be carried out at the General Hospital, Southend, until August 1953, when, like the remainder of the ante-natal blood specimens, they were examined at Rochford Hospital. All sera were tested for the Wassermann, in addition to Prices Precipitation, Reaction. The single serum which gave a positive Wassermann but a negative Prices Precipitation Reaction later failed also to give a Wassermann Reaction when re-examined, and the tests are therefore regarded as being without clinical significance. Of the remaining four, one patient is known to suffer from congenital disease, two accepted anti-specific treatment, while arrangements were made for the remaining patient to receive appropriate treatment in the area to which she removed.

The virtual absence of significant venereal disease in the present generation of expectant mothers is a triumph for the organic chemist and venereologist alike, but nevertheless these findings do make one question the validity of views which were current before the results of these very large investigations were available. The part played by syphilis in the causation of foetal and neonatal death is surely much less than was once thought, and one cannot but feel that the readiness in the past of both medical and lay persons to accept this explanation of these misfortunes, may have caused avoidable pain and distress to many.

The percentage of sera which were reported as being Rh. negative was 23.2 as compared with 15.5 in the previous year and 18.7 in 1951. Dr.Caldwell believes this apparent rise to be due to "selection", a factor which always invalidates conclusions drawn from figures. It is likely that mothers shown to be Rh. negative in previous pregnancies will be sent to the clinics for further examinations, whereas those who were Rh. positive may not be tested again.

*Wassermann and Prices Precipitation Reaction
and Rhesus Factor Tests, 1953*

No. of tests made	W.R. and P.P.R. Negative	W.R. and P.P.R. Positive	W.R. Positive and P.P.R. Negative	No. of tests made	Rh. Positive	Rh. Negative
1460	1455	4	1	1443	1108	335
-	99.66%	0.27%	0.07%	-	76.8%	23.2%

*Ante-Natal Haemoglobin Estimations during
1953 - 1453 tests*

Haemoglobin gms. %	7.5-8.1	8.2-8.9	9.0-9.6	9.7-10.4	10.5-11.2	11.3-12.0	12.1-12.6	12.7-13.3	13.4-14.1	14.2-14.8	14.9 +
% Haemoglobin using 14.8 as average, i.e. Revised Haldane	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	100+
No. of tests	6	21	30	83	219	329	356	217	138	50	4
% of each group	.4	1.5	2.1	5.7	15.1	22.6	24.5	14.9	9.5	3.4	.3

- Notes:** (1) Expression of Haemoglobin concentration as grammes per cent., is the only way by which comparisons of different sets of figures can adequately be made.
- (2) Wide variations of Haemoglobin concentration occur normally, but 14.8 gms.% is usually regarded as an average figure for adults.
- (3) In pregnancy the total volume of the blood is increased disproportionately with respect to the number of red blood cells and its haemoglobin content. In consequence, lower concentrations of haemoglobin are usual, and figures above 10.4 gms.% (70% Haldane) should not be taken as necessarily indicating any pathological state.
- (4) Taking this into account it will be seen that 9.7% of our patients can be considered anaemic.

POST-NATAL CLINICS.

	Southend	Leigh	Shoebury	Total
No. of individual mothers who attended	638	200	48	886
Total attendances of mothers	1092	345	57	1494
Total no. of sessions of Post-Natal Clinics	53	101	23	177

Although there was a small increase of 45 in the total number of mothers attending these clinics, the slow acceptance of this service by the public is disappointing. Whatever can be argued in favour of general practitioners undertaking their own ante-natal examinations, surely does not apply to the post-natal

examination. This should be an assessment of the patient's functional fitness after her pregnancy has been completed. Any assessment pre-supposes standards, and these must vary considerably from one practitioner to another. It may well be asked whether all standards take into account modern views about the completeness of the restoration of the woman's physiology and anatomy which can be attained by skilled care, and whether a practitioner, reviewing what is after all the results of his own work in a comparatively small number of patients, can hope to attain to the expertness and objectivity of a specialist in this field.

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN.

Report of Mr.E.C.Austen, Principal Dental Officer.

During 1953 the principal dental officer had to operate the service unaided because of the resignation of the assistant dental officer in October 1952. Therefore, it was decided to continue the existing arrangement of inspecting and treating Maternity and Child Welfare cases which were referred by the medical officers in the clinics. The number of mothers treated showed a decrease of approximately 20%, but the number of child welfare cases showed a slight increase of 1.5%.

When necessary, the Southend General Hospital carried out X-ray examinations and forwarded the plates and reports to the principal dental officer. The number of mothers provided with dentures increased to seven as against two the previous year.

(a) Numbers provided with dental treatment:

	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and nursing mothers	43 (53)	43 (53)	43 (53)	43 (53)
Children	132 (130)	132 (129)	132 (129)	132 (129)

(b) Forms of dental treatment provided:

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum trt.	Silver Nitrate trt.	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and nursing mothers	65 (78)	3 (2)	40 (51)	11 (6)	(2)	()	()	()	3 ()	4 (2)
Children under 5	243 (248)	- ()	135 (134)	- ()	()	()	()	()	()	()

Comparable figures for 1952 are given in brackets.

NURSING HOMES.

One new nursing home was registered during 1953.

Homes on Register at end of year.			No. of beds provided for		
			Maternity	Other	Total
Belvedere	...	...	-	4	4
Hayesleigh	...	...	4	-	4
Highlands	...	...	3	-	3
Leigh	...	...	-	10	10
Meteor	...	...	12	-	12
71 Wimborne Road	...	...	-	18	18
26 Western Road	...	...	2	-	2
Craigowan	...	...	-	6	6
278 Southbourne Grove	...	...	-	4	4
21 Victor Drive	...	...	-	7	7
			<u>21</u>	<u>49</u>	<u>70</u>

No. of inspections made during the year: 16

UNMARRIED MOTHERS AND THEIR CHILDREN.

Although there is nowadays a much greater sympathy for the unmarried mother than formerly, much ignorance concerning the unobtrusive and devoted work of those who truly try to help her remains. There is a mistaken impression concerning both the importance of residential accommodation, and the extent it is now necessary, together with a failure to appreciate the vast amount of advisory work which is freely available to the mothers and their relatives, as well as the reconciliations which are brought about by the tact and understanding of workers in this field. Although 118 illegitimate births were registered in 1953 in Southend-on-Sea, only 21 mothers, representing less than one-fifth, were provided with residential accommodation, and even then some of them were married women whose marriages had encountered great difficulties.

The main responsibility for this work continues to rest with the Southend-on-Sea Branch of the Chelmsford Moral Welfare Association, the officers of which enjoy the closest possible co-operation from the Children's Officer and the members of your staff. The controlling body of the association is interdenominational, and its work is supported financially by the Corporation. Its revised constitution, described in some detail in the previous report, has worked satisfactorily, the changes made having already justified themselves.

The Mother and Baby Home - St. Monica - has long been unsuitable for its purpose, its limitations being the more evident when we had to deal with an outbreak of gastro-enteritis among the nurselings there, and one can only hope that the community as a whole will support whatever efforts are made to secure new premises.

Accommodation was provided at the expense of the Corporation in the following homes:

St. Monica Diocesan Shelter	...	...	16 mothers for a total of 967 days.
Diocesan Maternity Home, Coggeshall	...	...	1 mother for 160 days.
St. Agnes Home, Chiswick	...	...	1 mother for 28 days.
Deanery Moral Welfare Association, Harrow	...	...	1 mother for 147 days
Romford, Hornchurch and Upminster Moral Welfare Committee	...	...	1 mother for 24 days
Hostel of the Good Shepherd, Colchester			1 mother for 25 days

INFANT MORTALITY.

The rate of 16.59 per 1,000 live births is once more a new record, and must afford great satisfaction to all who have made any significant contribution to this considerable achievement. At the same time it must be recalled that throughout the country as a whole, the infant mortality is declining steadily, a process which appears to be accelerated in Southend-on-Sea. It is difficult to assign, with any certainty, the credit for this saving of infant life. The general improvement in standards of living, a better and more generous dietry, free medical services and improved hospital services must all have played a part in bringing this about, but surely education, using the term in its broadest possible sense, has a great share in this triumph also.

The patient teaching which the public health service has provided during the last 35 years has finally created a new climate of opinion which accepts as axiomatic those very ideas which a short time ago seemed unrealistic and impracticable. Of later years the schools, the B.B.C. and the Press have provided a powerful and persuasive reinforcement to our teaching, and there has never been a time when sound, balanced information, was more readily available to all. Nor is the appetite of the public satiated. There is a growing realisation that marriage and homemaking are arts demanding discipline and hard work, and that the successful nurture of children is not something which can be left to the instinctive behaviour of the parents. We can therefore look forward to long-continuing, sustained progress. It appears to the writer that new ideas are accepted readily only during the brief years of adolescence and early adult life. It therefore requires the time spanned by a whole generation, say about a quarter of a century, to secure the proper acceptance of new teaching. A similar period seems to be necessary for ideas and practices to spread from the socially successful and educated classes to those less well endowed. Once, however, the new ideas take firm root, they flourish, undergo evolution, but do not die; it would require a similar period of intensive propaganda to replace them.

Those who are engaged in the slow, unspectacular business of public health teaching must remember these facts if they are to retain their faith in the validity of what they do. If they keep their eyes steadily on the path in front they see little but a hill of ignorance and prejudice, but if they pause for a moment and look behind, they are at once aware of the height of their achievement.

The number of deaths during the first week of life fell from 24 to 20. During the first twenty-four hours, when prematurity and gross developmental defects, together with the hazards of birth, have their greatest effect, the total mortality was the same as last year, namely 13. The experience of all age groups, save the 6-9 months, was as good or better than in 1952. Deaths of children between 6-9 months totalled 5, being due to congenital defect, accidental suffocation (2) and gastro-enteritis (2). One of the latter infants was the child of a feeble-minded mother whose maternal efficiency was understandably indifferent.

Deaths under 1 year by age groups were:

Under 24 hours	...	13
24 hours - 1 week	...	7
1 - 2 weeks	...	1
2 - 4 weeks		<u>1</u>
Total Neonatal Mortality		22
1 - 3 months	...	2
3 - 6 months	...	5
6 - 9 months	...	5
9 - 12 months	...	<u>0</u>
		<u>34</u>

The difficulty of assigning a true reason for each infant death has been commented upon in previous reports. Through the courtesy of the medical staffs of the hospitals, our general practitioner colleagues and H.M. Coroner, however, it is possible to make a classification of practical value. The table which follows sets out our conclusions.

Cause	No.
Respiratory infections	4
Congenital defect	5
Prematurity	11
Blood Disorders	2
Accidents attendant upon birth	3
Accidental asphyxia	4
Gastro-enteritis	3
Intussusception	1
Inattention at birth	1
	<u>34</u>

An important influence on the low infant mortality rate this year seems to have been the reduction in the severity of respiratory diseases, which caused only four deaths as compared with eight in 1952. That three children died from gastro-enteritis affords no grounds for complacency, although it must

be said that this condition was unusually troublesome during the year and mention of it is made in the section dealing with infectious diseases.

Accidental asphyxia, costing four infant lives, is a continuing reproach. In the past, one has been disposed to speculate whether or not the asphyxia has been a terminal event in ~~some~~ quickly-acting infection, and whether an infant in perfect health would not have managed to survive a similar threat to his airway. Dr. Caldwell, who has performed the majority of the recent post-mortem examinations in these distressing cases, has paid particular attention to this suggestion, his conclusion being that it is quite possible for a healthy infant to be suffocated by a variety of accidents. This underlines the need for continuous education concerning these dangers, particularly as one infant met his death in the arms of an over-active four year old.

Stillbirth and Prematurity.

If an infant shows signs of life, even though his condition is completely incompatible with anything but the briefest existence, then, statistically, his death falls into the neonatal group, whereas another infant suffering the same great disabilities might well be stillborn. It will readily be appreciated that the distinction between stillbirth and neonatal death is largely fortuitous, and that the conditions which cause them are much the same.

A premature baby is, for statistical purposes, an infant whose weight at birth is not greater than 5½ lbs. Prematurity was responsible for 50% of the neonatal mortality, that is, deaths occurring in the first four weeks of life. Of 29 premature infants born at home, 22 were nursed there, of these one died, as did two of the 7 transferred to hospital. Prematurity accounted for 9 deaths following hospital delivery. Chances of survival diminish with the birth weight, and prematurity is often associated with the very medical conditions which demand that a mother's confinement should take place in hospital, and, indeed, some life-saving measures provoke it. Premature baby units are therefore dealing with a group of babies who are not comparable with the small babies born at home, and very great care must therefore be taken before drawing any conclusions about comparative mortalities.

The Registrar General assigned 34 stillbirths to the County Borough during 1953, but as our records relate to only 31 of them, the presumption is that the three for which we cannot account, occurred away from Southend. The official rate of 16.32 per 1,000 total births shows a small decline from the previous year, and it is satisfactory to note that once more the fall in the rate was maintained.

The domiciliary rate at 4.2 per 1,000 is most praiseworthy, and the nursing home figure of 10.3 is, in present circumstances, satisfactory. The hospital rate again declined, this time from 25.9 to 23.2.

The greater the disparity between the domiciliary and the hospital rates for both stillbirths and deaths occasioned by prematurity, the greater the evidence of systematic and sustained ante-natal supervision of a high order.

Deaths of Children Aged 1-5 years.

There were seven deaths, one male and six female, in this group as compared with six in the previous year. The preponderance of female deaths is unusual.

Causes.

Influenzal Meningitis	...	1
Acute Poliomyelitis	...	1
Acute Necrosis of Liver	...	1
Acute Infective Laryngo-tracheo- bronchitis	...	1
Acute Appendicitis	...	1
Diabetes Mellitus	...	1
Asthma - Bronchitis	...	1

Age Groups.

1 - 2	2 deaths
2 - 3	3 deaths
3 - 4	2 deaths
4 - 5	Nil.

SECTION 23 - MIDWIFERY.

Work of the Municipal Midwives.

The retirement of Mrs. A.L. Blackwell and Miss E.A. Burnett has already been mentioned. Miss R. Willis resigned to undertake training prior to entering on foreign missionary work. Mrs. S.A. Franklin transferred from the home nursing service on 1.4.53, and we are indebted to the Housing Committee for granting her the service tenancy of a Wick Estate house. Miss D. Bicknell was appointed on 7.5.53 and Miss O.M. Cooper on 16.8.53, so that in spite of numerous changes in your staff, 12 municipal midwives were being employed at the end of the year. Midwives K. Boosey and W.M. Randall attended refresher courses, concerning which they reported favourably.

More midwives are purchasing motor cars, and 5 car allowances are being paid. It is to be hoped that it will not be very long before all, or nearly all, your midwives will own motor cars; this will improve the service to mothers, and make administration more flexible.

Your domiciliary midwives attended at the deliveries of 701 mothers, less than in 1952 and 1951, but, nevertheless, above the average for the three years beginning with 1948. The development, and even the fate, of the domiciliary midwifery

service depends on factors largely outside its control. More applications for admission to the Maternity Unit at Rochford Hospital are received than can be accepted, and recent alterations in the scale of benefits payable in respect of domiciliary confinements appear to have done little to lessen them. Informed opinion recognizes that an institutional confinement may not be without disadvantages to mother, baby and the whole family; unfortunately, there has been no large-scale study concerning these, nor a "follow-up" to compare the remoter results of institutional with domiciliary confinements. Such an enquiry is required before we can base our advice and policy on a sure foundation. It is the mothers who will eventually decide this question, but it is important that they should do so for reasons which are valid, not accepting uncritically, partial and incomplete information.

The L.H.A. issued free 879 sterilised maternity packs for use at other than hospital confinements; the contents conform to the recommendations of the Ministry.

	Cases attended as midwives		Cases attended as maternity nurses		Total	
	Booked	Emergency	Booked	Emergency	Booked	Emergency
	571	4	126	"	697	4
Labours	"	"	"	"	"	"
Miscarriages	571	4	126	"	697	4

Gas and Air Analgesia

The proportion of mothers to whom gas and air analgesia was administered again rose, this year from 61% to 69.4% of booked confinements. Midwives assessed the results in 330 confinements as follows:-

- 115 or 34.9% experienced "complete relief"
- 206 or 62.4% experienced "considerable relief"
- 9 or 2.7% experienced "some relief"

The proportion obtaining "complete relief" rose from 28.6% to 34.9%, "considerable relief" was afforded 62.4% as compared with 64% and the disappointing "some relief" group fell from 7.4% to 2.7%.

MIDWIVES ACT 1951. Work of Local Supervising Authority.

Notice of intention to practise was given by 23 midwives, three of whom worked in private domiciliary practice and six in nursing homes; between them they attended 664 mothers as midwives and 231 as maternity nurses. Of the 14 midwives in the employ of the Local Health Authority, two were the superintendent of the

domiciliary midwifery service and her deputy, the remaining 12 being employed as whole-time domiciliary midwives.

MEDICAL AID UNDER 14 (1) OF THE MIDWIVES ACT 1951.

Medical Aid was summoned on 71 occasions or in 10.7 per cent. of cases attended by midwives, a decrease of 0.7 per cent. on last year.

MATERNAL MORTALITY.

The maternal mortality rate is calculated on the number of total births which take place during the year. Happily, maternal deaths are much less common than they used to be, in fact, in recent years in Southend, they have only occurred at about one tenth of the pre-war rate. For the years 1948-50, a second death would have doubled the annual rate, so it would be unwise and unscientific to pay too much attention to the happenings of any one year, be they fortunate or unfortunate, but over a longer period of time these figures cannot be other than significant.

The following table shows particulars of the total births in Southend, the maternal mortality rate per 1,000 for each year since 1947 and the corresponding rates for England and Wales.

	Total Births	Maternal Mortality Rate	
		Southend-on-Sea	England and Wales
1947	3,258	0.61	1.17
1948	2,531	0.4	1.02
1949	2,402	0.41	0.98
1950	2,179	0.46	0.86
1951	2,119	0.0	0.79
1952	2,112	0.95	0.72
1953	2,083	0.96	0.76

It will be seen that in the five years ending with 1951 we had every reason to be satisfied with our progress, for the maternal mortality rate first declined and then remained at a satisfactory low level. The last two years have, however, produced a different state of affairs and there is reason to believe that the worsening of the rate has continued. This is in marked contrast to the experience in England and Wales as a whole.

Particulars of the two deaths which occurred are set out below:-

Mrs.M., aged 41, was a mother of seven healthy children all of whom were living at the commencement of her last pregnancy. She first attended a Consultant's Ante-Natal Clinic when she was thirty weeks pregnant and made seven visits to the clinic. At the thirty-ninth week she complained of giddiness and vomiting, for which conditions she was admitted to hospital. A fortnight later surgical induction of labour was performed. About twelve hours after the completion of a successful labour, she suddenly collapsed, rapidly becoming comatosed, and died from pulmonary infarction and hypertension.

Mrs.E., aged 38, was delivered in a London Hospital, the cause of death being cerebral haemorrhage, bilateral renal necrosis, concealed ante-partum haemorrhage.

SECTION 24. HEALTH VISITING.

Recent annual reports have all contained references to the wide range of duties performed by your health visitors, who are also school nurses; this requires reiteration once more because each year sees the health visitor become more completely the general practitioner of preventive and social medicine.

The Table below shows relatively few significant changes from last year. Where these occur they have been occasioned by shortage of staff. The first visits to infants under one year, to expectant mothers and in connection with communicable disease were well maintained, but there was naturally some falling off in the numbers of subsequent visits, except in the field of tuberculosis where these increased from 3,796 to 4,420.

Work of Health Visitors.

Infants under 1 year	...	First visits	...	2,111
		Subsequent visits...		6,954
Children aged 1-5 years	...	No. of children visited		7,553
		No. of visits paid		16,845
Expectant mothers	...	First visits	...	1,444
		Subsequent visits...		786
Communicable diseases	...	First visits	...	2,721
		Subsequent visits...		1,218
Nurseries and Daily Minders		First visits	...	8
		Subsequent visits...		137
Special Visits	...	First visits	...	631
		Subsequent visits...		244
Tuberculosis	...	First visits	...	130
		Subsequent visits...		4,420

Teaching in the secondary high schools and at the ante-natal clinics has been so consolidated and developed that it is now an important and permanent feature of the health visitors' work.

Women's organisations in the town continue to be appreciative of talks from your health visitors as will be seen from the details set out below.

January	...	Southend and District Young Wives' Federation.
March	...	St. Augustine's Young Wives' Group.
April	...	Crowstone Fellowship.
November	...	Eastwood Young Wives' Group.
,,	...	St. Erkenwald's Young Wives' Group.
,,	...	St. Stephen's Young Wives' Group.

The department continues to play an increasing part in the practical instruction of health visitors attending recognised training schools, and no fewer than seven students came to us for an average of two weeks each; four from the Royal College of Nursing, two from the South East Essex Technical College and one from King's College of Household and Social Science. This recognition is not only satisfactory, but stimulating and interesting for the staff concerned, and it is to be hoped that, in the future, these links will be strengthened.

Special attention continues to be paid to the relationship of the health visitor and the administration of the department. Unless she knows that her reports and suggestions receive prompt and careful attention and is kept informed of the action taken upon her initiative, frustration must be speedily succeeded by an ever growing indifference. To the extent that the health visitor is reassured about the effectiveness of her work, and the public as well as the general practitioners learn that she is an effective link with our other activities, the more useful she will become and the wider her sphere of influence will extend.

One of the most important functions subserved by the superintendent health visitor is to act as a link between the health visitors and the department, and her presence at the tuberculosis staff conference and the children in need conference has continued to be of great value. Every effort is made to circulate the correspondence and memoranda which arise out of our work for the individual and the family for the information of the health visitor concerned: if, unwittingly, it becomes apparent to a member of the public that her health visitor is in the dark about developments, the latter suffers in public esteem.

It is gratifying to record some of the successes gained by the health visitors. Reference has already been made to the award to Mrs. Fairfax of the Diploma in Social Sciences of the University of London. Mrs. MacGrath last year wrote an interesting paper on Health Education and secured the second place in an open competition organised by the Women Public Health Officers Association, being invited to open the discussion at its conference. Mrs. Fairfax obtained first place in the competition last year for her paper on "Mental Health and the Health Visitor" which she read at the Annual Conference.

Through the kindness of the chief education officer your health visitors were able to attend a course at the Municipal College in the technics of teaching, an opportunity which was much appreciated by them. During the year Mrs. MacGrath, Miss James and Mrs. Fairfax attended refresher courses.

SECTION 25. HOME NURSING.

The development of this service continued satisfactorily and its reputation with the general practitioners and the public was well maintained. The Table set out below demonstrates how the demand for its services has grown, as well as the variety of conditions your nurses are called upon to treat.

These figures, however, give no adequate account of the unceasing and unremitting care which many patients require, nor the extent to which a more advantageous use of hospital beds results.

The interest which the Committee has taken in the work of the Queen's Institute of District Nursing has gratified those who

recognise the importance of that organisation to this service. The Institute provides training and supervision but it also emphasises the vocational aspect of district nursing and is a source of inspiration and encouragement to those whose names are included in its Roll. Alderman Mrs. Leyland, O.B.E. was elected by the Eastern Federation of Members of the Queen's Institute to membership of the Council and Alderman Mrs. Broom to membership of the Joint Sub-Committee. Your medical officer of health has the privilege of being a member of the Council and of its Nursing and Midwifery Sub-Committee and the Joint Sub-Committee of Counties and County Boroughs. The assistance which is always so readily afforded by the supervisory staff of the Queen's Institute is most gratefully acknowledged.

Classification of Conditions treated.	NO. OF PATIENTS VISITED.				
	1949	1950	1951	1952	1953
Accident	23	32	36	38	23
Amputations	6	10	10	6	8
Blood Diseases	32	65	79	84	98
Bronchitis and Pleurisy	81	103	188	234	290
Burns and Scalds	20	21	17	25	19
Carbuncles, Boils and Abscesses	44	167	255	356	252
Cardiac and Circulatory Conditions	200	309	386	505	587
Cerebral Haemorrhage	142	150	220	226	216
Dental Conditions	—	—	21	17	11
Diabetes Mellitus	142	159	177	186	191
Ear, Nose and Throat Conditions	88	178	223	394	321
Empyema	—	4	4	1	1
Enema (for constipation)	188	205	201	230	249
Enema (prep. for investigation)	255	399	470	482	438
Eye Conditions	13	31	28	35	33
Fractures	27	46	32	42	61
Gangrene	9	4	13	11	9
Gastric Conditions	19	32	31	42	19
Gynaecological Conditions	45	53	78	80	75
Helminth Infections	55	64	78	68	52
Infectious Diseases	5	8	10	11	6
Influenza	11	4	15	9	10
Injections (for unclassified causes)	20	43	32	43	42
Maternity	7	21	42	53	24
Miscarriage	13	18	17	17	13
Malignant Diseases	167	202	229	226	200
Nervous Diseases	2	—	11	14	10
Operations	8	5	9	8	24
Orthopaedic	—	1	21	6	10
Paralysis (other than strokes)	37	41	45	36	36
Pneumonia	90	158	215	206	241
Prostatic Conditions	66	44	53	50	56
Pyrexia of unknown origin	—	—	—	8	16
Rheumatic Diseases	62	75	80	105	88
Senility	135	120	136	142	178
Skin Conditions	26	36	33	39	41
Surgical Dressings	92	85	76	78	90
Surgical Tuberculosis	22	74	88	56	89
Pulmonary Tuberculosis	—	—	—	—	—
Urinary and Renal Conditions	3	31	32	34	40
Ulceration of Legs	36	38	58	51	53
Not classified	8	2	17	19	24
Total patients	2,199	3,038	3,766	4,273	4,244
Total visits	56,897	68,739	80,369	87,291	89,607

SECTION 26. VACCINATION AND IMMUNISATION.

Vaccination.

There were 103 more primary vaccinations performed during the year, of which increase, general practitioner vaccinations accounted for 22 and clinic vaccinations for the remainder. Particulars of the work recorded during the year are set out below.

<i>By whom vaccinated</i>	<i>Total</i>
(a) Private practitioners :	
(i) Primary	549
(ii) Re-vaccinations ...	438
(b) At Council's Clinics :	
(i) Primary	255
(ii) Re-vaccinations ...	<u>11</u>
	<u>1,253</u>

Diphtheria Immunisation.

In the late summer and autumn of 1952, diphtheria immunisation was stopped at your clinics, and discouraged elsewhere, because of the poliomyelitis outbreak. In 1953 the disease again appeared, principally in the western part of the town where clinic immunisations were suspended during the months of August and September. At the other clinics T.A.F. was substituted for A.P.T., because antigens which contain alum have suffered in reputation when used during periods of poliomyelitis prevalence. Notwithstanding this interruption of the work there was some recovery of the ground lost last year, as will be seen from the comparative tables set out below.

Number of children who completed a course of primary immunisation during the year:-

	1952	1953
(a) At Council's Clinics:		
(i) Children under 5 ...	333	500
(ii) Children 5-14 ...	36	48
(b) By Private practitioners:		
(i) Children under 5 ...	558	679
(ii) Children 5-14 ...	<u>33</u>	<u>34</u>
	<u>960</u>	<u>1,261</u>

Number of children who were given a secondary or reinforcing injection:-

(a) At Council's Clinics ...	357	445
(b) By Private practitioners ...	<u>140</u>	<u>204</u>
	<u>497</u>	<u>649</u>

The return relating to the proportion of the child population immunised against diphtheria, as furnished to the

Ministry of Health is reproduced below.

Number of Children at 31.12.53, who had completed a course of Immunisation at any time before that date (i.e.at any time since 1.1.39.)

Age at 31.12.53 i.e. Born in Year	Under 1 1953	1-4 1952-1949	5-9 1948-1944	10-14 1943-1939	Under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1949-1953 ...	35	4,105	3,608	640	8,388
B. 1948 or earlier	-	-	4,140	3,801	7,941
C. Estimated mid-year child population	11,300 (36.6%)		19,600 (62.2%)		30,900 (52.8%)

The following report was submitted by Dr.D.K.Paterson, one of my assistants, and she is to be congratulated upon the initiative which led her to undertake the enquiry.

" *An enquiry into the Immunisation state of school children seen at Routine Medical Inspection.*

This enquiry was prompted by a report received from Southend General Hospital in April 1952.

The Sister of Emmanuel Ward kept a record for a period of twelve months of the state of immunisation of all children admitted to the ward. These children were admitted from both the County Borough of Southend-on-Sea and from the County of Essex. Her findings are shown in Table I.

Table I.
Period 1st April 1951 to 31st March 1952.
Total number of admissions 1,402
Number known to be immunised 946
Percentage immunised 66.04%

The Annual Return to the Ministry of Health for the year ending 31st December 1951 showed 42.3% of the estimated mid-year child population under the age of 15 as being known to have been immunised.

Because of the discrepancy between these figures,

42.3% immunised (Annual Report)
66.04% immunised (Special enquiry)

an investigation was undertaken at the routine medical examination at schools of different types.

Material available.

The invitation card sent to the parent before each medical inspection bears the question "Has your child been immunised against Diphtheria". The information gained from answers to this question was supplemented by direct questions to the parent or to the child at the time of the inspection.

The results of the enquiry are shown in Tables II & III.

Table II

Immunisation state of an unselected sample of children
seen at Routine Medical Inspection.

School	No. of children immunised	No. of children not immunised	Not known	Total no. of children	% immunised
Westcliff H.S.G. ...	170	10	1	181	93.8
Wentworth H.S.G. ...	98	25	—	123	79.6
Porters Grange J.G....	66	25	1	92	71.0
Prince Avenue J. ...	88	23	1	112	78.6
St.Helens J. ...	68	21	—	89	76.4
St.Helens I. ...	51	18	—	69	73.9
Richmond Avenue J. ...	72	15	—	87	82.7
Richmond Avenue I. ...	72	18	2	92	78.2
	685	155	5	845	81.1%

Table III

Place of Immunisation	Number	%
Southend Clinics ...	316	37.4
Private Doctors ...	31	3.7
Outside the borough	298	35.2
Place unknown ...	40	4.7
Not immunised	155	18.2
Immunisation state unknown	5	0.8
Total children	<u>845</u>	

The total percentage of children immunised was 81.1% and the percentage who had been immunised at Southend clinics was 37.4%, a figure which corresponds more closely to the 42.3% shown in the annual return.

It appears likely that the discrepancy between the return and the hospital sample can be accounted for by incomplete ascertainment, due in part to omission of notification by private doctors, and also to migration into the borough of children who have been immunised elsewhere.

The number of children known to be immunised varied from 93.8% to 71%, showing a slight tendency to fall in the younger age-groups in infant schools.

A grammar school showed a very high figure of 93.8% of pupils immunised.

A sample was taken at another grammar school. The only information available in this case was the reply to the question on the invitation card, "Has your child been immunised against Diphtheria". The results are shown in Table IV and are comparable with the results at grammar school No.1.

Table IV

Number of children	... 155
Number immunised	... 141
Percentage immunised	... 91%

A further enquiry was undertaken in infant schools, dividing the children into groups according to year of birth. The results are shown in Table V,

Table V
Diphtheria immunisation state according to year of birth

Year	A No. who have had Primary Course		B No. Primary Course + Booster		C Not immunised	A + C Total
1946	224	72%	80	25.7%	87	311
1947	185	69.8%	44	16.6%	80	265
1948	315	68.5%	61	13.3%	144	459
1949	95	65.9%	28	19.4%	21	144

Reliability of sample.

A very high percentage of parents attend the routine medical inspection with their children, and the answers obtained from them I believe to be trustworthy.

When the child was said to have been immunised at the clinic, the information was checked against clinic records and found to be correct. "

Dr.Paterson's conclusion, which appeared to be well founded, is that the immuniological state of our child population is better than we had hitherto believed it to be. Much is owed to the energy with which immunisation campaigns were conducted in other parts of the country, particularly during the years when many children were evacuated, and as this well-immunised section of our population grows older, the general level of immunity is bound to fall. The samples from the junior and infant schools which Dr.Paterson collected do suggest, however, that the level of immunity may be less unsatisfactory than we had previously concluded.

SECTION 27. AMBULANCE SERVICE.

Table A.

Service	Mileage	Patients Carried	Journeys	
			Patient Carrying	Abortive or Service
St. John Ambulance Brigade ...	72,807	8,369	3,150	161
I.D.Ambulances ...	6,442	1,280	803	57
Sitting-Case Vehicle...	21,733	11,274	2,036	40
Corporation Car-Pool...	8,205	329	310	1
Hospital Car Service...	153,119	32,314	4,328	10
Private Hire Cars ...	342	10	9	-
	262,648	53,576	10,636	269

(N.B. "Patient" means one patient carried once in one direction.
"Journey" means a vehicle's round trip from the place where
it normally awaits orders, home to that place.)

The following table shows the mileage undertaken by ambulances and sitting-case vehicles respectively during the last five years.

Table B.

Total Mileage	1949	1950	1951	1952	1953
Ambulances:					
St. John Ambulance Brigade	71,998	71,615	66,787	70,561	72,807
Infectious Disease Ambulances	6,604	7,933	7,876	6,707	6,442
Total Ambulance Mileage	78,602	79,548	74,663	77,268	79,249
Sitting-Case Vehicles:					
Sitting-Case Ambulance	-	-	10,490	19,950	21,733
Hospital Car Service	89,367	126,952	119,622	127,553	153,119
Corporation Car-Pool	4,506	4,501	9,010	9,457	8,205
Private Hire Cars	-	-	388	360	342
Total Sitting-Case Mileage	93,873	131,453	139,510	157,320	183,399

The number of miles covered in transporting stretcher patients has shown little material variation since the inception of the service, although the number of persons carried has increased. There has been a progressive restriction on long distance ambulance journeys, for alternative transport by rail has been increasingly accepted by the profession and the public alike, as being more suitable and more comfortable for the majority of patients. The sitting-case patient continues to make larger demands on the service, and the provision of your own specially fitted sitting-case ambulance has been amply justified by events of the year.

It would be quite unrealistic to suggest that the calls on the ambulance service will not further increase because every development of hospital activities, and every measure taken to secure a more effective use of hospital beds, inevitably requires additional transportation of patients. The general practitioners and the transport officers of the hospitals continue to give invaluable assistance in the prevention of abuse of the service, and the ambulance drivers themselves are equally vigilant.

Administrative action can reduce waste but it cannot prevent the need for additional transport; there is no sign that the end of the expansion of the service is in sight.

According to Gresham, bad money drives out good, and over many years the paid employee has often been seen to have the same effect upon the volunteer. It is, therefore, pleasant and appropriate to pay a well deserved tribute to the services rendered by the members of the St. John Nursing Division who have continued, since the inception of the service, to act as unpaid escorts and ambulance attendants. They have shown themselves to be most reliable and dependable, bringing to their work a diligence and enthusiasm which has been greatly appreciated by those who have been in their care. In dealings with one's fellow man, nothing can replace the vocational approach, - like the quality of mercy, it blesseth him that gives and him that takes - for it sweetens human relationships and so binds together the fabric of society.

The amounts paid to bodies providing agency services since 1949 were: -

Table C.

	1949	1950	1951	1952	1953
	£ s. d	£ s. d	£ s. d	£ s. d	£ s. d
St. John Ambulance Brigade ...	4877. 1. 2.	5497. 18. 6.	5330. 13. 2.	8123. 1. 4.	8934. 7. 8.
Hospital Car Service ...	2331. 11. 9.	3338. 12. 0.	3202. 0. 6.	3732. 11. 3.	4606. 14. 1.

Owing to increases in wages and the cost of petrol, rates of payment for work undertaken by the St. John Ambulance Brigade have increased considerably since 1948, and to a lesser extent for work undertaken by the Hospital Car Service also, as the following table shows: -

St. John Ambulance Brigade	1948	1952	1953
Accident Service ...	£1000 p.a.	£1137. 10. 0.	£1519. 10. 1.
Patients removed to or from General Hospital, Southend, or other addresses within the area of the authority.	8/6d. per case	10/6d. per case + 15%	15/9d. per case + 10%
Patients removed to or from General Hospital, or Connaught House, Rochford ...	12/6d. per case	15/6d. per case + 15%	23/9d. per case + 10%
Patients removed to or from Runwell Mental Hospital ...	£1. 1. 0d. per case.	Mileage basis.)	2/7½d per mile + 10%
Patients removed to or from places outside the area of the authority ...	1/- per mile.	1/9d. per mile + 15%	
Hospital Car Service			
Use of Hospital Car Service cars ...	6¼d per mile	7¼d per mile for first 800 miles per driver per month and 5¼d per mile additional	Cars of 8 - 13 H.P. - 7d per mile for first 800 miles during month, 5d per mile for additional mileage. Cars of 14 H.P. & over. 7½d per mile for first 800 miles during month, 5½d per mile for additional mileage.

This composite service provided jointly by two voluntary organisations and the Local Health Authority has proved adequate and economical, and the Ambulance Consultative Committee, has continued to be harmonious and useful.

SECTION 28. PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

1. TUBERCULOSIS.

Co-ordination of measures for prevention, care and after-care with arrangements for diagnosis and treatment are thought to be as complete as is practicable outside a unified service. The consultant physician for tuberculosis advises the medical officer of health concerning the functions for which the Authority is responsible. It is a great advantage that the well-equipped Chest Clinic is within 300 yards of the Health Centre and there is excellent liaison at all levels between officers of the Hospital Management Committee and the department.

In 1952 a new post of case assistant was established, a development which has been of much value. The extent to which this officer is consulted by patients, and the variety of their problems, can be seen from the following table.

The number of individual patients dealt with was 132, and the 306 interviews recorded relate to:

Training	...	...	57
Financial assistance	...	...	83
Rehabilitation and employment	...	...	130
Housing	...	...	20
Miscellaneous	...	...	16
Total			<u>306</u>

The weekly staff conference continues to be as useful as ever, and its influence grows no less. Dr. Sita Lumsden, consultant physician for tuberculosis, comments as follows:-

"The Tuberculosis Staff Conference continued to prove extremely useful, and the work of the case assistant has been invaluable. Cases considered at the conference included:

61 for re-housing
3 for admission to open air school
7 enquiries re risk of infection
1 correction of notification
1 re daily minding
and other miscellaneous enquiries

We are grateful for the careful consideration given by the Housing Committee to the recommendations of the Tuberculosis Staff Conference.

Domestic help was provided for 40 cases, and 86 patients were supplied with free milk.

B.C.G. Vaccination.

One hundred and nineteen children, contacts of cases of tuberculosis, in most cases in parents, but also in other relatives, were vaccinated with B.C.G. This is an increase of 20 over the previous year. No difficulty was experienced in segregation, and it proved very rarely necessary to board the child out, as any infectious case in the home could be admitted to hospital almost

immediately. Supervision of households with an open case has continued to be very strict. The number of households in the County Borough containing an open infectious case in December 1953 was 59.

Activities of the Health Visitors.

There are two whole-time health visitors for the County Borough, and altogether they made 4,977 visits to tuberculous patients during the year.

Home Nursing.

Co-operation with the home nursing service continued to be excellent, and 89 cases were given domiciliary treatment, which involved 3,177 visits.

Prevention, Care and After-care.

The total number of contacts examined was 1,573, of whom 1,161 were contacts of old patients, and 412 of newly notified patients. Of the total of 1,573 contacts examined, 8 were found to be suffering from *notifiable* pulmonary tuberculosis, which gives a rate of 5.1 per 1,000 - approximately 20 times the rate of tuberculosis among the general population as discovered by mass radiography. "

Skin Testing.

Reference was made in the report for 1952 to our experience with the tuberculin jelly patch test for older children; some marked differences in the proportion of positive reactors found in comparable schools suggesting the need for further investigations.

One striking example came from the Southend High Schools, where the Boys' school yielded 36.3% positive and the Girls' school 82.2% positive.

"It was decided to re-test the same children with the Mantoux test, and this was done in July. Unfortunately, the number of acceptances for the second test was much smaller, 80 boys out of 237 who had the jelly test, and 114 girls out of 186.

"In this test the proportion of children showing positive reaction to a dose of 10 I.T.U. was 28.7% in the Boys' and 25.4% in the Girls' school, a result which might reasonably be expected in the absence of any special focus of infection in either school.

"The following table shows a comparison of the results in the two tests:

Children born between 1933 and 1938 inclusive

+ = Positive

- = Negative

D = Doubtful

T. Jelly 1952	+	+	-	-	D	D	Total
Mantoux 1953	+	-	+	-	+	-	Tested
Southend High School for Boys	16	10	7	46	-	1	80
Southend High School for Girls	23	68	6	17	-	-	114
Total	39	78	13	63	-	1	194

"The 13 children who had apparently "converted" from negative jelly test to positive Mantoux test were all x-rayed. No evidence of active infection was found, but two children who showed old calcified lesions, should presumably have been positive at the first test.

"The most striking feature of the above table is the number of girls recorded as positive to the jelly test, but negative to the Mantoux test. It seems probable that the reason for the discordant results in the 1952 test is to be found in the preparation of the skin with "flour paper" and acetone before the application of the jelly, as this may have produced a number of false "positives" among the more tender-skinned girls. "

(Annual Report, School Medical Service, 1953).

The following statistics relating to the work of the Tuberculosis After-Care Sub-Committee of the Southend Civic Guild of Help, to which the Authority made a grant of £500, are furnished by the Secretary, Miss H. Thompson, B.Sc., to whom we are indebted for much assistance:-

Type of Assistance	Number Assisted	Cost		
		£	s.	d
Clothing	28	100	9	5
Travel vouchers to visit patients in Hospitals and Sanatoria ...	22	35	15	2
Bedding (to enable patients to occupy separate rooms) and towels ...	8	61	12	1
Coal	7	19	7	5
Removal Expenses	3	8	8	6
Domestic assistance not available under official scheme	9	88	11	0
Furniture	14	179	18	10
Handicrafts	2	20	13	8
Miscellaneous	23	112	14	8
	<u>116</u>	<u>£627</u>	<u>10</u>	<u>10</u>

Mass Miniature Radiography Unit.

The programme of the Mass Miniature Radiography Unit was only concluded in the early part of the year under review but the findings were discussed as a whole in the report for 1952.

Rehabilitation.

Five patients were maintained at Papworth for 952 days and two at Preston Hall for 479 days at a total cost of £600.14.6d.

2. ILLNESS GENERALLY.

Convalescent and After-Care Homes.

During the year 34 patients were provided with recuperative holidays or after-care, for periods which varied from one week to six months. The total cost of this provision was £469.3.0d, towards which patients or their relatives contributed £85.15.3d.

The Therapeutic Social Club.

The Club, founded by Dr. Ström-Olsen and the psychiatric social workers from Runwell Hospital, receives financial assistance from the Authority. The Club continues as tenants of the British Red Cross Society at their headquarters, 4 Nelson Street.

Home Nursing Requisites.

Mr. Clitter, Superintendent of the local division of the St. John Ambulance Brigade, has kindly supplied the following information relating to home nursing requisites loaned during the year.

Patients assisted ...	860
Articles loaned ...	1220
Average period of loan	6/7 weeks

The articles loaned were bed-pans, urinals, air-rings, water-proof sheets, hot water bottles, air beds, water beds, back rests, bed tables, bed cradles, wheel chairs etc.

RECOVERY OF CHARGES.

The National Health Service Act authorises a Local Health Authority to make charges for certain services and articles, chief among which are domestic help, convalescent and recuperative holidays, and milk for patients suffering from tuberculosis. In assessing these charges the Council has broadly followed the recommendations made by the financial advisers to local authorities, but has authorised the Health Committee to depart from them where either hardship or injustice might result.

THE HARD OF HEARING.

The Authority has encouraged and assisted the Southend Group of the Essex League of the Hard of Hearing since its formation in September 1951, and I am indebted to the secretary, Mr. C.H. Linstead, for the following account of the group's activities during 1953:-

"Once again we have had a good year. Membership has increased by almost 20%, and is now nearing the 60 mark; not all of these,

I am sorry to note, attend as regularly as we should like them to do. The committee have met monthly, or ten times in all. This being Coronation year, we held an Exhibition of Handicrafts etc. at the Carnival Garden Party at Priory Park on June 6th, where over 5000 people passed through our tent. We were to have taken part in the Carnival Fete at Chalkwell Park, but it was found impossible for the Fete Committee to allocate a suitable stand to us.

"The club room was open all the year, except when it was required by the Red Cross for Flood relief work; we usually close during August, but this year we gave up our holiday, and the informal August meetings were very well attended. There have been no outings, as the support for those which were proposed was insufficient.

"A lip-reading course was conducted in the club room by Miss Kinnear, lasting several months, but it was found that the noise in the room was too distracting for those taking the course to concentrate properly. It is now hoped that such instruction may be provided by the Local Education Authority, and we are indebted to Mr. Councillor Clarke and Mr. Beasant for their efforts to achieve this progressive step.

"We were fortunate in having received a free gift of a television installation in time for the Coronation to be seen by 27 members. We could use it more if we only had some separate rooms. We have had some very happy evenings with demonstrations, concert parties and magic for all by a professional entertainer."

SECTION 29. DOMESTIC HELP.

This service is very necessary in Southend-on-Sea where there is a disproportionate number of elderly people, many of whom live in comparative isolation. It has been the Authority's policy progressively to expand the service and throughout the year an average of 3,084 women hours was provided each week. Although the number of full-time employees was increased, the part-time worker still provided the greater part of this service. During the summer months when there is a lessened need for domestic help and a greatly increased field of alternative employment for the workers, attempts are made to reduce the number employed, and materially to increase the staff when the winter months make heavy demands. The administration of the service aims at the prompt investigation of all applications for assistance, and the need for informing applicants promptly what it is proposed to do for them, is constantly impressed upon the supervisory staff. Frequent visits by them ensure good contacts with both the persons assisted and your employees. Help is assigned on the instructions of the supervisor and charges recovered in accordance with a scale of assessment which is reviewed from time to time by the Committee. Each assignment is reviewed at the end of the first and third months by the Case Sub-Committee of the Health Committee.

thereafter reconsideration is at intervals of 3 months. There are no organised facilities for training workers but they are instructed as requisite in regard to the prevention of infection.

This service, in conjunction with others provided by the department is efficient and an acceptable alternative to institutionalisation and delays resort to it where the eventual need cannot be prevented.

The proportion of the cost of providing this service recovered from the persons assisted is somewhat higher than in the country generally, due in large measure to the efficient working of the administration, for your scale of charges is not dissimilar from that adopted by other authorities.

Mrs. Humphrey was appointed assistant supervisor (Grade Miscellaneous III) and Miss O'Callaghan assistant supervisor (Grade Miscellaneous II) with effect from 1st June, 1953. The workers received increases of pay to 2/3⁴d per hour with effect from January 1st and to 2/4⁵/₈d per hour with effect from October 29th. The full weekly cost was increased from 2/10d to 3/1d per hour as from January 1st and to 3/5d per hour as from April, 1953.

In December the National Assistance Board reviewed its procedure in regard to persons in receipt of National Assistance who received help from the scheme, with the result that there was a considerable reduction in the payments received in respect of these persons.

Domestic and Home Help Scheme 1953.

Staff employed:-	on 1.1.53.	on 31.12.53.
Full-time ...	21	20
Part-time ...	114	112
Casual ...	<u>2</u>	<u>1</u>
	<u>137</u>	<u>133</u>

Number of cases assisted:-

Domestic Help Cases ...	653
Home Help Cases ...	253

of these

508	were assisted under 1 month
170	„ „ 1 - 3 months
68	„ „ 3 - 6 months
52	„ „ 6 - 12 months
108	„ „ over 12 months

Assessments	Domestic Help	Home Help
FREE	115	8
10/- per week and under	253	39
Over 10/- and under £1	104	40
£1 - £1. 10s.	45	62
£1. 10s. - £2	14	29
£2 - £3	16	36
£3 - £4	2	21
£4 - £5	1	4
£5 - £6	2	Nil
£6 - £7	1	2
FULL COST	100	12
Total Wages Paid	Domestic Help	Home Help
	£17,039. 13. 4.	£2,534. 14. 9.
Total Collections	£4,735. 8. 8.	£596. 11. 6.

SECTION 51. MENTAL HEALTH SERVICES.

The arrangements described in the Report for 1952 have remained in force, save that Mr.E.Stephenson, S.R.N.. R.M.N., Q.N., a district nurse, was appointed an additional duly authorised officer so as to ensure "stand-by" duty being shared by three, instead of two, officers as heretofore.

The service has continued to develop satisfactorily and to grow in public esteem, although difficulties in securing vacancies for all the patients who would benefit from hospital treatment continued to exert an unfavourable influence. This is made evident by the sustained decrease in the number of admissions as voluntary patients directly from the psychiatric out-patient clinics, the total being 58 as compared with 79 and 53 in the previous years. Difficulties over accommodation also interfere with the proper classification of patients, who are sometimes admitted to the hospital which can accept them, rather than to the unit most suitable to their needs.

Age continues to take its toll of mental balance and integrity. Just over one quarter of all patients admitted to hospital were over 70 years of age, and it can be questioned whether the Lunacy Acts provide the best means of caring for the majority of them. One important development occurred during the year which is worthy of comment. It was accepted by all concerned that a patient could be admitted to the mental observation wards at Rochford Hospital, *without any legal formality*, although he could not be detained there. It is to be regretted that general hospitals continue unsympathetic to the noisy, confused, or delirious patient, and it is to be hoped that increasing enlightenment of nursing and medical staff alike will change the present attitude.

Mental Illness: Work of the Duly Authorised Officers: 1953.

Patients admitted to Runwell Hospital:-

	Males	Females	Total
Lunacy Act, 1890			
(a) Section 11. Urgency Order	6	14	20
(b) Section 16. Summary Reception	35	52	87
Mental Treatment Act, 1930			
(a) Section 5. Temporary Patients	4	9	13
(b) Section 1. Voluntary Patients	57	63	120
(c) Section 1. Voluntary Patients, direct admissions	29	29	58
Patients admitted to Rochford General Hospital, Observation Wards:-			
Lunacy Act, 1890			
Section 20 (3-day orders)	48	98	146
Section 21 (2) Justice's 14-day order	-	3	3
Direct admissions (without order)	7	7	14
Total	186	275	461

Section 28. N.H.S. Act, 1946	Males	Females	Total
Pre-Care	21	67	88
After-Care	75	175	250
	96	242	338

Cases referred to the Department in which no statutory action was taken	25	51	76
---	----	----	----

Total number of visits made in connection with duties under Section 51, National Health Service Act, 1946	2,295
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Of 163 patients admitted to Rochford Hospital (Section 20 "3 day orders"), Section 21 (Justice's "14 day orders") and direct without order, 26 were aged 70-75 years, 25 were aged 75-80 and 31 were over 80 years of age. The following table shows how they were dealt with.

In hospital on 31.12.52	...	...	...	17
To Runwell Hospital as Certified Patients	...			34
To Runwell Hospital as Temporary Patients	...			4
To Runwell Hospital as Voluntary Patients	...			9
To Connaught House (Part III Accommodation)	...			14
To General Wards	...	...	...	5
Died in Rochford General Hospital	...			30
To relatives	...	...	...	68
Still in hospital 31.12.53	...	...	...	16
				180

The recurring aspect of mental illness is well shown by the following table concerning admissions to Runwell Hospital.

Previous Admissions	0	=	159 (50) *	8	=	1
	1	=	54 (7) *	9	=	1
	2	=	26 (1) *	10	=	1
	3	=	10	12	=	1
	4	=	8	13	=	1
	5	=	7	14	=	1
	6	=	4	15	=	1
	7	=	1	21	=	1
				22	=	1

* The figures in brackets show the number of direct voluntary admissions (Mental Treatment Act, 1930, Section 1).

In addition, 20 patients were re-classified on the expiry of urgency orders.

Sources of referral	Runwell	Rochford	After-Care	Pre-Care	No Action
Doctors	98	96	36	48	34
Relatives, friends	12	21	65	24	21
Psychiatric Services (including Psychiatric Out-Patient Clinic)	94	17	30	4	3
Police	11	23	3	6	7
Southend General Hospital	13	6	1	1	3
Personal Application...	2	-	115	5	-
Transfers from Rochford G.H.	47				
Reclassifications	20				
Other sources	1	-	-	-	8
Total	298	163	250	88	76

Disposal of patients not requiring statutory action	Pre-Care	After-Care
To Psychiatric Out-Patient Clinic	16	41
Referred re Part III Accommodation	32	2
For follow-up by D.A.Os.	2	7
To General Hospitals	11	
To Superintendent of Home Nursing	9	4
To Home Help Organiser	5	11
To Private Residential Accommodation...	13	12
To Mental After-Care Homes		4

N.A.A. 1948 Secs. 48 and 50 (Protection of Property) Male Female Total
No. of visits...261 25 72 97

Supervision of Male Mental Defectives: Statutory-22. Licence -1.
No. of visits...235 Voluntary-17. Guardianship-1.
Total No. of visits 2,791.

Patients Admitted to Runwell and Rochford Hospitals 1953.

	MALE																FEMALE																Grand Total
	Under 16	16 - 20	20 25	25 30	30 35	35 40	40 45	45 50	50 55	55 60	60 65	65 70	70 75	75 80	Over 80	Total	Under 16	16 - 20	20 25	25 30	30 35	35 40	40 45	45 50	50 55	55 60	60 65	65 70	70 75	75 80	Over 80	Total	
Certified Sec.16 L.A.1890	=	1	1	6	5	1	1	1	4	2	2	2	5	=	1	35	=	2	=	2	7	5	5	6	2	6	5	2	6	2	2	52	87
*Urgency Sec.II L.A.1890	=	=	=	1	1	1	1	1	=	2	=	=	=	=	=	6	=	=	1	2	2	=	2	=	2	2	2	1	=	=	=	14	20
Temporary Sec.5 M.T.A.1930	=	=	=	=	=	=	=	=	=	=	=	=	2	2	=	4	=	=	=	1	=	=	1	=	1	=	1	1	2	1	9	13	
Voluntary Sec.1 M.T.A.1930	=	3	2	6	6	4	4	5	5	3	1	6	4	=	=	57	=	1	3	7	6	5	6	8	5	5	6	7	1	1	2	63	120
Rochford Hospital Sec.20 L.A.1890	=	1	1	6	5	1	=	3	3	4	3	2	8	9	9	55	=	1	=	1	5	10	3	12	4	7	2	7	18	16	22	108	163
Total	=	5	4	19	17	10	6	10	9	16	10	5	21	15	10	157	=	4	4	13	21	20	16	27	13	21	15	18	26	21	27	246	403
Direct Vol. (not requir- ing action by the Dept.)	=	1	2	4	5	2	4	=	5	2	1	1	2	=	=	29	=	=	3	2	1	4	3	2	4	4	=	4	1	1	=	29	58
Totals	=	6	6	23	22	12	10	10	14	18	11	6	23	15	10	186	=	4	7	15	22	24	19	29	17	25	15	22	27	22	27	275	461

* NOTE: An urgency order (Sec II) is only operative for 7 days, and patients admitted pursuant to Sec II must thereafter be disposed of under other provisions, namely Sec.16 or Mental Treatment Act 1930, Sec.1. Thus while there were 240 admission procedures to Runwell Hospital undertaken by the department, only 220 individuals were involved.

MENTAL DEFICIENCY.

Institutional Care.

The serious shortage of institution accommodation for defectives in this area has been materially diminished by the efforts of the Regional Hospital Board, the opening of new extensions at South Ockendon Hospital being the main factor in this success.

At the beginning of 1953, the number of patients awaiting Institutional Care was 4 males and 10 females under the age of 16 years, and 12 males and 11 females over the age of 16 years, a total of 37, for at least 9 of whom the provision of Institutional Care was regarded as urgently necessary.

By the 31st December, 1953, a reduction of 10 in these numbers had been effected - 7 males and 7 females under the age of 16 years, and 6 males and 7 females over the age of 16 years. It will be noted that in the case of males under 16, the numbers awaiting vacancies had actually increased by 3. Of the female patients under 16 years, 2 had been admitted to South Ockendon Institution, and 1 had died in Rochford Hospital. Of the males over 16 years, 3 had been admitted to South Ockendon Institution, 1 had died in Rochford Hospital, 1 had been certified under the Lunacy Acts while in Connaught House and admitted to Runwell Hospital, and 1 was regarded as no longer in need of Institutional Care. Of the female patients over 16 years of age, 3 had been admitted to South Ockendon Institution and 1 had died in Part III accommodation at Gressenhall.

In addition to these 8 admissions from the established waiting list 3 cases newly notified during the course of the year were admitted to South Ockendon Institution, - 2 males and 1 female under the age of 16, - and 1 male patient over the age of 16 who had received treatment in Runwell Hospital was also transferred to South Ockendon under the Mental Deficiency Acts, making a total of 12 admissions. Moreover, before the end of the year, vacancies had been made available in South Ockendon Institution for 6 mentally defective patients - 3 males over 16 and 3 females under 16 - remaining in the mental observation ward of Rochford Hospital, and preparations for their certification were in progress.

There is, however, no cause to anticipate any decline in the demand for institutionalisation. The stress and speed of life at the present time, and the nervous tensions from which many people are suffering, are factors unfavourable to the management of lower-grade defectives in the community and often call for the segregation of relatively inoffensive types. There is the inevitable requirement of beds for middle-aged patients stranded by the infirmity or death of relatives who have cared for them at home while they could.

Short-term Care of Mental Defectives.
Ministry of Health Circular, 5/52.

Under the terms of this circular, issued in May 1952, Local Health Authorities were authorised to use the powers under Section 28 of the National Health Service Act, 1946, to find accommodation and pay for all or part of the maintenance of a mental defective when critical situations arose which made it urgently necessary that the defective should be cared for elsewhere for a limited period, not exceeding one or two months.

During the year, four applications for help of this nature were received, - one from the elderly parents of a middle-aged female patient, and three from the parents of difficult low-grade male children. In two of the four cases, the patients were admitted to private homes recommended by the National Association for Mental Health, the Local Authority paying full maintenance in respect of the adult patient, and part maintenance in respect of the child, the parents making a contribution. The other two child patients, both of whom were on the waiting list for Institutional Care, were admitted to South Ockendon Hospital at the expense of the Regional Hospital Board, for periods of 6 weeks and 1 week respectively.

Community Care.

At the end of the year plans were being made to open an Occupation Centre for juveniles under 16 years of both sexes and a limited number of females over the age of 16 years.

Effective supervision, whether statutory or voluntary, of the defective in the community is perhaps the most important part of the local authority's service. Supervision means very much more than the threat of penal sanctions in the event of bad behaviour. It should involve enlisting the friendly interest and co-operation of the patient and his relatives in a positive policy designed to help him to establish himself as a useful citizen where this is possible, and where this is not possible, to guide and support the relatives so as to ease the burden imposed by the care of a low-grade defective.

An important feature of this work is the placement of higher grade patients in suitable employment within their capacities and with sympathetic and understanding employers. Here it is a pleasure to record the interest and help received from the disablement resettlement officers of the Ministry of Labour and from the youth employment officer of the Local Education Authority, particularly in regard to the placement in industry of educationally subnormal juveniles on leaving school.

Commenting on this aspect of her work, the mental deficiency officer, Miss M.A. Brock, writes:-

"The chief factor contributing to successful placement of the E.S.N. school leaver, is enlightened co-operation from the parents. The over-protective parent who does not want his or her child to work hard or get dirty, or the over-ambitious parent who is resentful of a simple job and a small wage may prove an obstacle. Moreover the E.S.N. school leaver has difficulty in adjusting himself to the social relations of industrial life, and the parents' attitude to this part of his problem is highly influential. The experience of inferiority, expressed in touchiness and timidity, leads to complaints that he is being "picked on" and "put upon" by the foreman, or persecuted by other workers, and the unintelligent parent is apt to accept these ideas uncritically, and to foster them. Sometimes, of course, the persecution does actually occur, and here again, a discerning parent who understands the situation can render valuable help.

On the part of the defective, willingness to try is perhaps the most important factor between the ages of 16 and 18, but after this age, lack of ability becomes more serious. It is found that some defectives who are on the borderline of employability are put off from their jobs when they reach the 18-year-old wage level, and cannot get re-started. This applies more to girls than to boys, who, if able-bodied, have by that age become physically capable of labouring work.

Types of work now being successfully undertaken by patients under supervision.

<i>Males</i>	<i>Labouring of all kinds</i>	<i>Females</i>	<i>Kitchen hand</i>
	Paper selling		Cleaner
	Brickfields		Hospital wardmaid
	Bakeries		Laundry worker
	Laundry work		Casual farm work
	Kitchen porter		Packer
	Coalman		Simple processes in a few factories, e.g.
	Car-sprayer		(Ice-cream
	Woodwork		(Glue
	Warehouse labourer		(Ties
	Presser		(Knitting
	Cinema attendant		(Toys
	Errand boy		(Clothing
	Street orderly		(Shirt
	Casual farm work		
	Simple processes in a few factories, e.g.		
	(Paint		
	(Shoe		
	(Wireless		
	(Engineering		
	(Bread-cutting		
	(Wire-cutting		
	(Beer-bottling		
<i>If trained</i>		<i>If trained</i>	
	Carpentry		Superior domestic situations
	Boot repairing		

Registration under the Disablement Persons (Employment) Act is useful in certain cases, chiefly those in which a high-grade defective suffers also from some physical defect, even a slight one such as partial deafness, poor eyesight, etc. It has been a

definite help in the cases of four men with physical disabilities who had been admitted to the Remploy Factory. Two are still doing well; one died, and the other was dismissed on account of behaviour difficulties. The Remploy Factory does not at present cater for women.

On the whole it is found that mentally sub-normal persons are often averse from the suggestion of being registered as disabled, and that their parents share this attitude, and even when they have been so registered they are apt to lose the benefits of their position through failure to co-operate with the D.R.O. For instance, instead of waiting a short time till they can be placed in suitable sheltered employment they continue to find unsuitable jobs of their own and to lose them again; or, having been placed in sheltered employment and meeting with some difficulty, they throw up the job instead of consulting the D.R.O. who would have been able to intervene on their behalf and obtain some adjustment. This is perhaps due to a natural desire to avoid the discussion of their failings.

Co-operation with the youth employment officer is good, and with defectives over 18 the women's D.R.O. is exceptionally helpful. She gives individual attention to the needs of all mentally sub-normal workers, discusses their problems with the mental deficiency officer and maintains a constant exchange of information, concerning their progress.

The able-bodied sub-normal man can obtain labouring work through the ordinary channels, if he is sufficiently stable to work with normal men. If he is physically handicapped he may be considered as a candidate for the Remploy Factory, but there is always a waiting list, and as mentioned above, only four men under supervision have actually been admitted. If, however, he is of rather poor physique and temperamentally peculiar there seems to be nothing in the male labour market corresponding to the urgent demand for women for domestic chores, and the D.R.O. cannot help him very much. One high grade neurotic defective man had two trials in a Rehabilitation Centre but came home both times."

During the autumn the education authority started experimental classes in elementary English for adult backward readers. These facilities were made known to a number of persons who it was thought would be sufficiently interested and able to profit by attendance, and a class of seventeen persons was formed at the Municipal College. It was originally intended to provide two classes, on separate evenings, one for the more advanced and one for the more elementary, but the enthusiasm is such that most of the men attend both classes and also pursue their studies at home. Their ages range from 18 to 46 years, but most are between 20 and 30 years. This experiment has been most promising, and it is hoped that it will be possible to continue it.

Mental Deficiency. 1.1.53-31.12.53.

		Males	Females	Total
Number on Register at end of year 1953	...	198	203	401
<i>Institutional Care as on 31.12.53.</i>				
Royal Eastern Counties Institution	...	42	24	66
South Ockendon Institution	...	19	33	52
Royal Earlswood Institution	...	4	2	6
Leybourne Grange Colony	...	1	-	1
Hortham Hospital	...	1	2	3
Princess Christian's Farm Colony	...	1	2	3
Stretton Hall	...	1	-	1
St. Mary's Alton	...	-	1	1
Harmston Hall Colony	...	1	-	1
St. Theresa's	...	-	2	2
Royal Western Counties Institution	...	1	-	1
St. Raphael's	...	1	1	2
Little Plumstead Hall	...	-	1	1
Rampton Hospital	...	1	-	1
Darenth Park Hospital	...	-	1	1
Rochford General Hospital	...	3	3	6
Connaught House	...	2	5	7
Other residential accommodation	...	2	1	3
Field Place Approved Home	...	-	1	1
Larkfield Hall Approved Home	...	-	1	1
Hamilton Lodge Approved Home	...	4	-	4
		84	80	164

Community Care.

Ascertainment.

New cases reported and investigated during the year 1953. Referred by:-

1. Chief Education Officer	...	7	5	12
2. National Assistance Board	...	2	3	5
3. Hospital or Medical Attendant	...	1	1	2
4. Relatives	...	-	-	-
5. Police	...	-	-	-
6. Other L.A's. on removal	...	1	5	6
7. Other sources	...	4	6	10
		15	20	35

Disposal of Cases reported during the Year.

1. Admitted to Institutions (under Order)	...	2	1	3
2. Admitted to Approved Homes	...	-	-	-
3. Taken to "Places of Safety"	...	-	-	-
4. Placed under Guardianship	...	1	-	1
5. Placed under Statutory Supervision	...	5	8	13
6. Placed under Voluntary Supervision	...	5	4	9
7. Died or removed from the area...	...	-	4	4
8. Later found not to be defective	...	1	2	3
9. Action unnecessary	...	1	-	1
10. Action not yet taken	...	-	1	1
		15	20	35

Total number of defectives under Community Care on 31.12.53...

114 123 237

Total number awaiting admission to M.D.

Institutions	...	13	14	27
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Guardianship and Supervision as on 31.12.53.

Cases under Guardianship within the Borough	...	5	-	5
Cases under Guardianship outside the Borough	...	1	-	1
In Places of Safety	...	-	-	-
Under Statutory Supervision	...	65	75	140
Under Voluntary Supervision	...	36	46	82
On licence from Institutions	...	7	2	9
		114	123	237

Guardianship Cases supervised on behalf of other Authorities during the year

1 5 6

Licence Cases from Other Authorities

3 5 8

Training.

Patients in attendance at Day Occupation

Centres	...	-	-	-
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INFECTIOUS DISEASES.

The administrative arrangements, described in previous reports have continued with very little modification, while the value of my Deputy's association with the clinical infectious disease section of the Westcliff Hospital has been further demonstrated.

It sometimes happens that at its onset, the nature of an infectious illness is far from clear, so it is not surprising that the total of original notifications differs from that based on the final conclusions reached by those who observe the clinical developments. Original notifications are "corrected" in the light of the later definitive diagnoses. The table below gives particulars.

Scarlet Fever	...	...	333
Whooping Cough	...	...	348
Poliomyelitis	...	...	48
Measles	...	...	2,649
Diphtheria	...	...	—
Pneumonia	...	...	219
Dysentery	...	...	52
Polio-Encephalitis	...	...	—
Typhoid	...	...	—
Paratyphoid "B"	...	...	—
Erysipelas	...	...	26
Meningococcal Infection	...	...	4
Food Poisoning	...	...	24
Puerperal Pyrexia	...	...	4
Ophthalmia Neonatorum	...	...	3
Infective Hepatitis	...	...	28
Puerperal Fever	...	...	—
Malaria	...	...	1
			<hr/> 3,739 <hr/>

SCARLET FEVER.

There were 333 cases of scarlet fever as compared with 474 in the previous year: the incidence was generally uniform throughout, except for some slight increases during the latter half of the first quarter and the second half of the last quarter. The present mildness of the disease has continued to make administrative measures difficult to enforce or even justify. If the old severity should return, there will have to be a radical re-orientation of attitudes towards it.

WHOOPING COUGH.

There was much less whooping cough than in the previous year, and with the exception of the first quarter and the latter half of the last quarter, the notifications remained at a steady level throughout the year. There were no deaths from this disease.

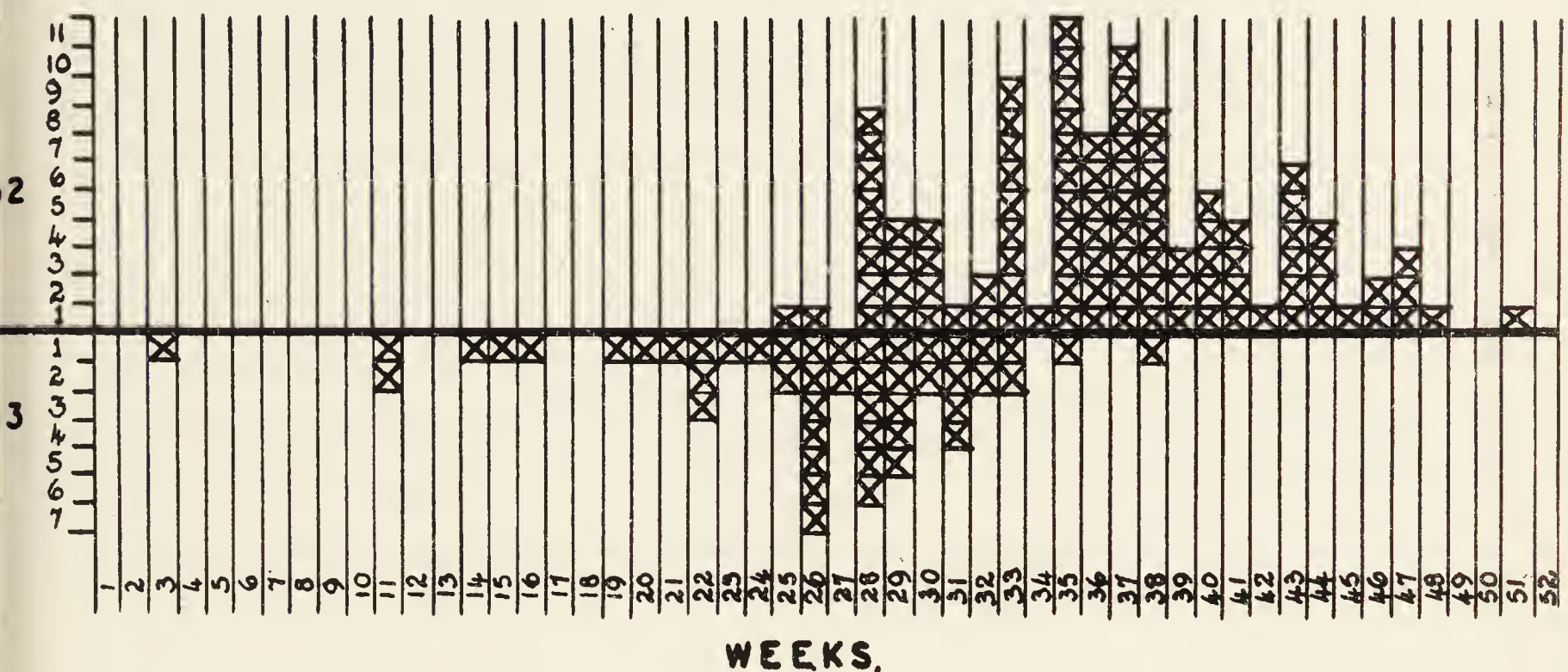
POLIOMYELITIS.

As will be seen from Fig. I, the outbreak of 1952 smouldered during the early months of the following year, exploded during the latter part of the summer term and only came to an end with the close of the third quarter.

FIGURE I

ES OF ONSET OF CONFIRMED CASES OF POLIOMYELITIS

CLASSIFIED INTO WEEKS



No pattern was discernible in the distribution of the earlier cases, although No.4, (onset 8.4.53), the father of a child attending West Leigh Infants School, was the first of several which were later linked with this school.

On May 1st, however, M.P., a child of 6 in attendance at Earls Hall Infants School, became ill and a week later developed a temporary limp. Some 6 weeks afterwards, definite muscle wasting in the limb on the same side could be demonstrated for the first time. Her father, who began to be ill on 13/5, died on 19/5 from the respiratory form of the disease. On 4/6 the adult brother of a child in the same department - but not the same class - as M.P., became ill, and he too died from poliomyelitis on 9/6, on which day J.W., a boy in the same class as M.P. developed the non-paralytic form of the disease. On 8/7, E.W., the father of S.W. from the same class as both M.P. and J.W., sickened, only to die from fulminating poliomyelitis.

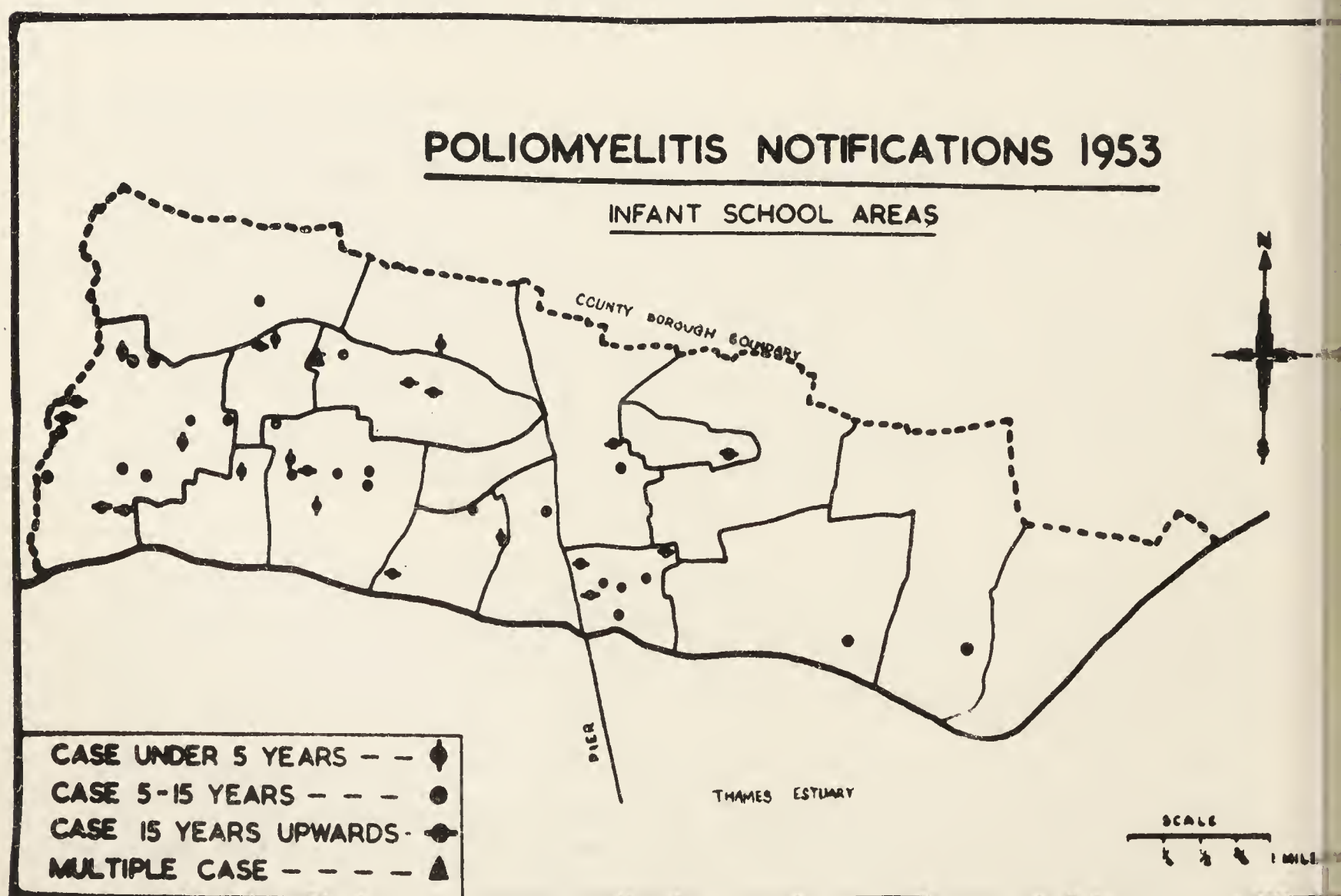
M.B., who also attends the same infant school and was in contact with J.W. out of school, suffered from headache, fever and weakness in the legs on 17/5. On 24/5 she spent most of the day with J.P. who lives some distance away, and the latter developed paralysis on 3/6.

This last child attended West Leigh Infants School; on June 19th a sister of one of her classmates developed the disease, while other cases connected with this school occurred on June 26th, 27th, July 1st, 10th, 12th, 14th and 20th, August 3rd and 5th.

On July 2nd and 10th respectively, two children from the same class at Barnard Road Annexe to West Leigh School became ill, and on 13.7.53 this class, together with a heavily involved class in West Leigh Infant School, was closed, as was the class in Earls Hall School attended by M.P. Following the closure of these classes, we were unable to find any evidence of association between the schools and the spread of the infection. The epidemiological position in Leigh became more complex from the beginning of July onwards, because of the appearance of poliomyelitis in the adjoining area of Hadleigh. We found there was a good deal of close association between children living on the boundary, and it is likely that poliomyelitis spread outwards from Leigh into Hadleigh.

The tragic and striking events which occurred at Earls Hall School demonstrated as never before that an infant school might be a factor in the spread of this disease, and also suggested the possibility that a convalescent patient could remain a "carrier" for quite a lengthy period. Investigations at West Leigh and Barnard Road Annexe confirmed the view that infant schools were of prime importance in this outbreak. A study of the spot map which is here reproduced justifies the same conclusion.

FIGURE II



Advance in our knowledge of poliomyelitis is hampered because the laboratory techniques involved are lengthy and complicated and few people possess the necessary expertise.

Many epidemiologists, relying on the demonstration of significantly raised levels of anti-body in populations recently affected by poliomyelitis, believe that during outbreaks the virus is widely and rapidly disseminated, and conclude therefrom that administrative measures to control the spread of the disease are likely to be ineffectual.

Our recent experience in Southend, however, does not wholly accord with this notion, notwithstanding that quite a significant number of our cases could be explained by an ubiquitous and unpredictable dissemination of the virus.

It is impossible to avoid the conclusion that there are also narrow and powerful streams of infection with which it is worth while trying to cope.

Not unnaturally, the layman's understanding of infection is a simplified one, conceiving it to occur instantaneously and with the certainty of a chemical reaction. This belief, together with a knowledge of the incubation period of disease, prompts many naïve suggestions from the public; failure to act on them brands us as being indifferent and casual. This simplified conception is serviceable enough in dealing with smallpox, but even then it does not explain all the observed facts, and it breaks down when applied to many other infections.

During the last twenty years, laboratory workers have supplied some of the explanations as to why scarlet fever has not proved amenable to attempts at control based on similar concepts.

In dealing with poliomyelitis, we are facing the same kind of situation as confronted our predecessors at the dawn of the bacteriological age in medicine. It is known that there are at least 3 strains of virus; methods are now being developed for the cultivation of virus in the laboratory, and anti-body levels can be estimated for the individual. We lack quick and cheap laboratory methods of studying the disease when outbreaks occur, and in the absence of these aids we must do our best with field studies and a careful scrutiny of the observed facts.

It is believed there are a variety of reactions to infection with the virus, the inapparent infection which produces no symptoms but is followed by a rise in anti-body titre, the abortive infection which, though producing symptoms, leaves behind no permanent sequelae, and the paralytic form which is the classical manifestation of the disease. It is known that fatigue and the local trauma which accompanies many kinds of injection, have some part in determining the site of paralysis, and may turn the scale between an abortive and a paralytic attack.

It may well be that other factors in the host determine the course of events, but the appearance of associated cases and the delineation of some evident paths of infection make it reasonable to assume that the parasite, too, is not invariable in its capacity to cause the reaction which we recognise as the disease.

If the virus does vary in its invasiveness and ability to cause the disease, one factor in the situation may be the phenomenon, long known to bacteriologists as "passage", that is the modification of a parasite by its passage from one animal to another in succession. In an infant school, the virus may pass backwards and forwards from child to child for some time before the first clinical case is recognised. From each of these passages there exists the possibility of minute changes in the virus which may temporarily enhance its virulence and invasiveness. The effects of passage may vary, not only as to the number of individuals involved in the group, but also as to time, that is whether exchanges of virus are frequent or infrequent.

All spread of virus cannot be checked, the life of the community must go on, but surely those who argue that therefore no measures of control are likely to be of any use are in error. A wall of sandbags may well be futile against the full force of the sea, but used to raise the height of a sea wall by a foot or so may be very effective in preventing serious flooding. When this happens the sea is not brought to a standstill or turned back, it is simply contained. The epidemiologist cannot eradicate the source of infection with poliomyelitis as he does in this country with smallpox or with the carrier of food poisoning; he may have to be satisfied to attempt to contain the flood waters of infection.

In recent years, our enquiries have led us to conclude that the virus builds up in the groups of the younger children, and chiefly in the infant schools. Young children follow a simple pattern in their lives, their contacts are usually few and well defined, and by keeping them away from school and insisting on house and garden quarantine it seems that a great deal can be done to deal with the reservoirs of virus when, as shewn by multiple cases in households and classes, these attain dangerous levels.

Our most recent measures have developed along the lines of selective exclusion from school and selective class closure. By this is meant the exclusion from school of family and other close contacts, and the exclusion of less intimate contacts who are potentially capable of infecting new groups. These methods, carefully applied, and modified to each specific set of circumstances, seem to offer the best opportunity of securing the maximum benefit from the least possible hardships to individuals, and the smallest dislocation of life to the community.

There is no rule of thumb for this method, one is guided by individual assessment of the situation at the time. To the uninformed, one's actions may not follow any discernible pattern and may even appear to be contradictory. Consistency may well be an administrative virtue, but it has little place in a battle, especially one of this kind where one is confronted with so many unknown factors.

If, in the future, the foci of infection appear to be in senior classes, it is realised these same methods may not be applicable, and we shall then have to adapt ourselves to the new situation.

POLIOMYELITIS

Ages

	0 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 and over		TOTAL	
	1953	1952	1953	1952	1953	1952	1953	1952	1953	1952	1953	1952	1953	1952
Cases notified ...	8	25	19	48	6	8	1	2	1	1	13	14	48	98
Percentage distribution of cases, age ...	17	26	40	49	12	8	2	2	2	1	27	14		
Distribution of paralytic cases, age ...	6	10	6	18	1	3	1	1	1	1	8	8	23	41
Percentage of cases notified in each age-group developing paralysis ...	75	40	32	37	17	37	All	50	All	All	61	57	48	42
Percentage of cases notified in each age-group escaping paralysis ...	25	60	68	63	83	63	None	50	None	None	39	43	52	58
Sex ratio by age-groups, males first ...	5/3	17/8	13/6	27/21	5/1	3/5	0/1	2/0	0/1	0/1	9/4	8/6	32/16	57/41
Deaths: Male ...	-	-	-	2	-	-	-	-	-	-	3	1	3	3
Female ...	1	-	-	1	-	1	-	-	-	-	-	2	1	4

It is of interest to compare the experience of 1953 with that of the preceding year.

In 1952 a quarter of the patients were under 5 years of age; the following year, this group constituted only a sixth of the total. Whereas nearly half the 1952 patients were between 5 and 10 years old, this group only contributed one third in 1953, while the over 25's who formed about one seventh of the notifications in the first year, represented a quarter of our patients in the following season.

The proportion of patients developing paralysis in 1953 was 23 out of 48, as compared with 41 out of 98, so the chances of permanent muscular damage were much the same in both years.

In 1952, 57 males and 41 females developed poliomyelitis but the number of patients with paralysis was about the same in each sex, 21 males as compared with 20 females. In 1953, 32 males and only 16 females

suffered from the disease, the numbers showing muscular involvement being 14 males and 9 females. It will be seen that the proportion of male patients developing paralysis increased from 37% to 44%, whereas the female percentages were 49 and 56 respectively.

MEASLES

The epidemic, heralded by a rise in notifications in the last six weeks of 1952, flared up with the new year, when the weekly notification rate rose to an average of about 200 cases. The peak was reached with the week ending February 21st, when 286 notifications were received, and thereafter the outbreak declined, being, for all practical purposes, over by the end of April. There were no deaths recorded from this cause.

DIPHTHERIA

There were no notifications of this disease.

PNEUMONIA

Total notifications amounted to 219, only 27 more than in the previous year, but their distribution was very different. The first quarter of 1953 furnished 143 notifications as compared with 75 a year ago. Weather conditions in the early months were very hard on the elderly, and there was also some influenza. This is the probable explanation of the marked contrast.

DYSENTERY

(a) In June an outbreak of infection due to *Shigella Flexneri* occurred in the women's section of a large Voluntary Home. Some anxiety was felt because it consists of three sections comprising respectively 45 old women, a similar number of old men, and approximately 100 children. A common kitchen serves the whole institution, as does the laundry, and there is considerable interchange of staff, both administrative and domestic. It is considered that the outbreak was limited to seven confirmed cases and three other probable cases, in the women's section by prompt action by the Department. No cases occurred in either the men's or the children's section and the only member of the staff affected was one domestic worker, resident in the women's block.

The first intimation was a report on the 15th June from the Public Health Laboratory that specimens of faeces from three of the inmates were positive for *Shigella Flexner*, and throughout the subsequent investigations and management of the outbreak we were fortunate in having the advice and assistance of Dr. R. Pilsworth, the Director of the Laboratory.

In consultation with Dr. J. J. Walker, who provides medical care at the Home, a medical officer investigated the outbreak,

continuing to visit daily until it was apparent that the outbreak was under control.

He found that six of the inmates had suffered from diarrhoea (including the three patients yielding positive swabs), in one instance for the past three weeks. The infected persons were spread over five different dormitories containing 3 to 9 beds in each. One of these, containing 9 beds, is used as an infirmary where all patients are bed-ridden, and receive toilet attention from the nursing sister and one resident domestic assistant. The other residents are sufficiently ambulant to attend to their own needs, and each has her own towel and toilet articles.

The central kitchen prepares food for all sections of the Home, but sends no utensils to the sections, for each has its own cutlery, crockery and food containers; all washing-up is done in the individual sections. The only food prepared in the sections is tea and bread and butter.

A number of resident domestics who work in all sections of the Home were sleeping and eating in the women's section, and this was considered to be a possible source of danger.

The Home is not a closed community: the able-bodied residents go out into the town and can buy themselves eatables and frequent cafés; visitors come from a wide area and sometimes bring foodstuffs as gifts. There were therefore two possible causes for the outbreak, namely the introduction of exogenous infection or the admission of an inmate who was a carrier. No evidence was obtained as to how the infection had been introduced. Spread by means of the kitchen was considered unlikely because there were no cases in the other sections of the Home and neither history nor bacteriological evidence of infection among the kitchen staff.

Those affected were removed to Westcliff Hospital and arrangements were made for any additional suspects to be isolated in one dormitory pending investigation. Rectal swabs were taken from all residents and staff of the women's block. Having regard to the obvious risks of spread, not only within the women's block but to the old men and the children, it was decided to give all the women residents a prophylactic course of Sulphadimidine, 1 gram six hourly for seven days, which protection was extended also to the members of the staff concerned in handling bed-pans and toilet duties generally.

In addition to general advice on the hygienic management of the situation, arrangements were made to limit, as far as possible, contact between those living in the women's block and the other parts of the Home. Domestic staff working elsewhere were accommodated away from the women's block, excursions by the inmates outside the institution were stopped and visiting

discouraged. All laundry from the women's block was disinfected before being sent to the central laundry, and strict supervision of toilet arrangements was enjoined, including protective clothing for the staff, the substitution of disposable paper bed-pan covers instead of cloths, and the strict separation of toilet duties from food-handling.

Following these measures no further cases occurred after the 26th June, eleven days from the first intervention by the Department, and a situation which might easily have assumed serious proportions was successfully contained.

(b) There was an outbreak of infection with *Shigella Sonnei* in the Sunshine Convalescent Home, Shoeburyness, in February. This is a Regional Hospital Board Convalescent Home for children which receives patients from a wide area, mainly Greater London.

Admissions and discharges take place each Friday, so that the population changes rapidly, the average stay being 2-3 weeks.

The outbreak was believed to have originated in a child who was admitted from a hospital in another area after suffering from Sonne dysentery. Nine children and seven members of the staff were affected, and four other children are known to have developed symptoms after discharge. The affected children were admitted to hospital while the remainder were sent home as soon as arrangements could be made for them, and the convalescent home was closed. As seven of the sixteen members of the staff had been infected, their subsequent follow-up occupied some time. The remaining members of the staff were given a prophylactic course of succinyl sulphathiazole.

Swabs were taken from the unaffected children before they were sent home, and the medical officers of health of their home districts were informed of the occurrence.

After the re-opening of the Home one case of Sonne infection occurred in May and four more in June. In view of recent experience very full investigations of the staff were made, but no carrier was found. Having regard to the widespread incidence of this infection these secondary occurrences may well have been fresh importations.

INFANTILE GASTRO-ENTERITIS

In March a limited outbreak of gastro-enteritis due to *B. Coli* 055 occurred in St. Monica's mother-and-baby Home.

A child (V.S.) born on the 20th February was admitted to the Home on the 13th March and developed gastro-enteritis on the 20th March. She was admitted to hospital the next day and died on the 27th March. The Public Health Laboratory recovered *B. Coli* 055 from the stools.

Another child (M.E.) born on the 8th February and admitted to the Home on the 24th February developed symptoms on the 27th March. After a very critical illness he finally recovered. Both these children were artificially fed on National Dried Milk.

There were four other children in the Home, all infants being accompanied by their mothers. Three of the infants had transitory diarrhoea but no pathogenic organism was isolated from them. The fourth infant (D.H.) remained well throughout, but was found to be excreting B. Coli 055. He was the first of these children to be admitted to the Home and it appears not unlikely that he was the source of infection, being himself immune to the organism. Bacteriological examination of the National Dried Milk was negative.

Steps were taken to obtain bacteriological specimens from all mothers, infants, and staff. A system of strict segregation was instituted, each mother being made responsible for preparing the feeds, handling, and attending to the laundry of her own infant. All the infants were given a course of Aureomycin 125 mgms. six hourly for five days. Admissions to the Home were suspended until all these children had been discharged and the staff were known to be free from infection.

INFECTIVE HEPATITIS

There was little infective hepatitis, only 28 cases being notified, (the total for 1952, the lowest recorded, was 24). In age incidence there was a shift towards the younger groups, which reversed a tendency noted during several previous years. From time to time, prolonged and quite intensive family infection comes to notice, a striking example of which occurred during the year. Mr.B. (44) became ill on 2.2.53 and his wife (40) on 3.3.53: a daughter (10) and her grandmother (70) sickened on 31.3.53: the last remaining member of the family, a boy (7) developed the disease on 7.5.53.

The number of cases notified in each four week period by age groups is shown below.

Cases (four week periods)										
-	1	1	2	2	-	1	-	3	5	3
									1	9
= 28										
Age Groups										
0-	5-	10-	15+							
4	7	1	16	= 28						
14.3%	25%	3.6%	57.1%							

INFLUENZA

Information about influenza is elusive and not very reliable when obtained. The disease is not notifiable, and indeed if it were, confusion might well be "worse confounded". The Ministry of Health has

reported the prevalence of mild influenza, type A, during the first ten weeks of the year, the virus being antigenetically related to, but not identical with, that recovered in 1951. Through the courtesy of the Ministry of National Insurance, I am able to record that benefit claims had risen very sharply by the end of the third week in January and continued to be unusually heavy for the succeeding four weeks, after which they declined. The weekly totals of all deaths registered in Southend-on-Sea similarly began to rise during the second week in January and reached 81 by the second week in February. From the end of the month, the number of deaths fell markedly but there was an unexplained rise during the week of 28th March. Deaths of persons over 65 formed a disproportionate part of this increased mortality; in the week ending February 14th, of 81 deaths from all causes 68 were those of persons over pensionable age.

Influenza caused 28 deaths as compared with 38 in 1951. Of 12 males, 11 were older than 65, and of 16 females, all but 2 were over this age.

FOOD POISONING

The following return, furnished to the Ministry of Health, sets out the salient facts about food poisoning during the year under review. It shows the predominant part played by the salmonella group of organisms in its causation.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
No. of "corrected" notifications	6	7	6	5	24
Outbreaks due to identified agents = 3 (Salmonella Typhimurium)					Total cases = 8
Outbreaks of undiscovered cause = 1					Total cases = 2
Single cases due to identified agents:					
			Salmonella dublin:		1
			Salmonella thompson:		1
			Salmonella typhimurium:		2
Single cases of undiscovered cause = 10					

TUBERCULOSIS

The following Table sets out particulars of the 159 new cases of pulmonary tuberculosis and the 24 cases of non-pulmonary tuberculosis notified from all sources during the year. A slow decline in the total of notifications of pulmonary disease continued, but the figures for non-pulmonary were somewhat larger, due, it is believed, to better notification from hospital clinics.

TABLE A.
NOTIFICATIONS AND DEATHS

Age Group	Males								Females							
	Pulmonary				Non-Pulmonary				Pulmonary				Non-Pulmonary			
	Primary notifications	Inward transfers	Total	Deaths	Primary notifications	Inward transfers	Total	Deaths	Primary notifications	Inward transfers	Total	Deaths	Primary notifications	Inward transfers	Total	Deaths
0	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
1	2	-	2	-	-	-	-	-	4	1	5	-	-	-	-	-
5	1	1	2	-	2	-	2	-	1	5	6	-	2	2	4	1
15	18	5	23	-	-	-	-	-	11	7	18	-	3	1	4	-
25	6	11	17	1	1	-	1	-	8	12	20	1	2	-	2	-
35	10*	1	11	1	1	-	1	-	2	9	11	2	3	-	3	-
45	8	6	14	6	1	-	1	-	1	3	4	1	-	1	1	-
55	7*	2	9	2	1	-	1	-	3	-	3	2	1	-	1	-
65 and over	7	2	9	2	1*	-	1	1	5*	-	5	1	1	-	1	-
	59	28	87	12	8	-	8	1	35	37	72	7	12	4	16	1

* includes 1 posthumous notification.

From Table B which follows; it will be seen that there has been little change in the age distribution of new cases.

TABLE B.
NOTIFICATIONS OF PULMONARY TUBERCULOSIS
Classified According to Age Groups

Age Group	1938		1947		1948		1949		1950		1951		1952		1953	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	-	-	-	1	-	-	1	-	2	-	-	1	-	-	-	-
1	-	-	1	2	2	3	4	12	4	11	4	2	3	2	2	5
5	1	1	5	12	11	5	6	7	16	6	4	5	2	5	2	6
15	11	21	26	31	15	19	21	33	20	39	18	33	19	23	23	18
25	12	27	26	26	31	28	23	24	30	25	27	20	21	20	17	20
35	17	11	24	16	21	30	15	18	15	7	16	10	25	9	11	11
45	15	9	20	12	12	6	11	4	15	6	16	6	15	7	14	4
55	8	3	18	3	9	6	17	-	16	4	11	-	14	3	9	3
65	2	1	4	6	4	3	10	2	15	4	13	10	7	3	9	5
Totals	66	73	124	109	105	100	108	100	133	102	109	87	106	72	87	72

TABLE C.
TABLE SHOWING PERCENTAGE OF NOTIFICATIONS OF PULMONARY
TUBERCULOSIS RECEIVED IN EACH AGE GROUP

Age Group	MALES								FEMALES							
	1938	1947	1948	1949	1950	1951	1952	1953	1938	1947	1948	1949	1950	1951	1952	1953
0	—	—	—	0.9	1.5	—	—	—	—	0.9	—	—	—	—	—	—
1	—	0.8	1.9	3.7	3.0	3.6	2.8	2.3	—	1.8	3.0	12.0	10.8	1.2	2.8	6.3
5	1.5	4.0	10.5	5.6	12.0	3.6	1.9	2.3	1.4	11.0	5.0	7.0	5.9	2.3	6.9	8.1
15	16.7	21.0	14.3	19.4	15.0	16.5	18.0	26.4	28.8	28.5	19.0	33.0	38.2	5.8	32.0	25.3
25	18.2	21.0	29.5	21.3	22.6	24.8	19.8	19.5	37.0	23.9	28.0	24.0	24.5	37.8	27.9	27.7
35	25.8	19.4	20.0	13.9	11.3	14.7	23.6	12.6	15.0	14.7	30.0	18.0	6.9	23.0	12.5	15.3
45	22.7	16.1	11.4	10.2	11.3	14.7	14.1	16.1	12.3	11.0	6.0	4.0	5.9	11.5	9.7	5.3
55	12.1	14.5	8.6	15.7	12.0	10.2	13.2	10.4	4.1	2.7	6.0	—	3.9	6.9	4.1	4.2
65	3.0	3.2	3.8	9.3	11.3	11.9	6.6	10.4	1.4	5.5	3.0	2.0	3.9	11.5	4.1	6.3

The number of cases of tuberculosis remaining on the notification register on December 31st, was as follows:-

TABLE D.

	Respiratory				Non-Respiratory				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
1953	449	371	19	30	18	39	14	10	467	410	33	40	950
1952	458	394	28	27	19	31	13	8	477	425	41	35	978
1951	435	400	29	35	20	29	11	8	455	429	40	43	967
1950	460	401	36	37	19	26	13	8	479	427	49	45	1000
1949	469	397	44	56	32	32	42	24	501	429	86	80	1096
1948	446	367	37	41	37	28	40	30	483	395	77	71	1026
1947	414	349	25	34	34	22	35	27	448	371	60	61	940
1946	377	306	20	23	34	15	38	30	411	321	58	53	843
1945	341	266	18	15	30	12	32	28	371	278	50	43	742

Note:- On the 31st December, 1938, the total number of cases on the register was 550, comprising 471 respiratory cases (236 males, 235 females) and 79 non-respiratory cases (40 males and 39 females).

TABLE E.

PULMONARY TUBERCULOSIS

PER 1000 OF POPULATION AT RISK IN EACH AGE-GROUP
(BASED ON CENSUS 1951)

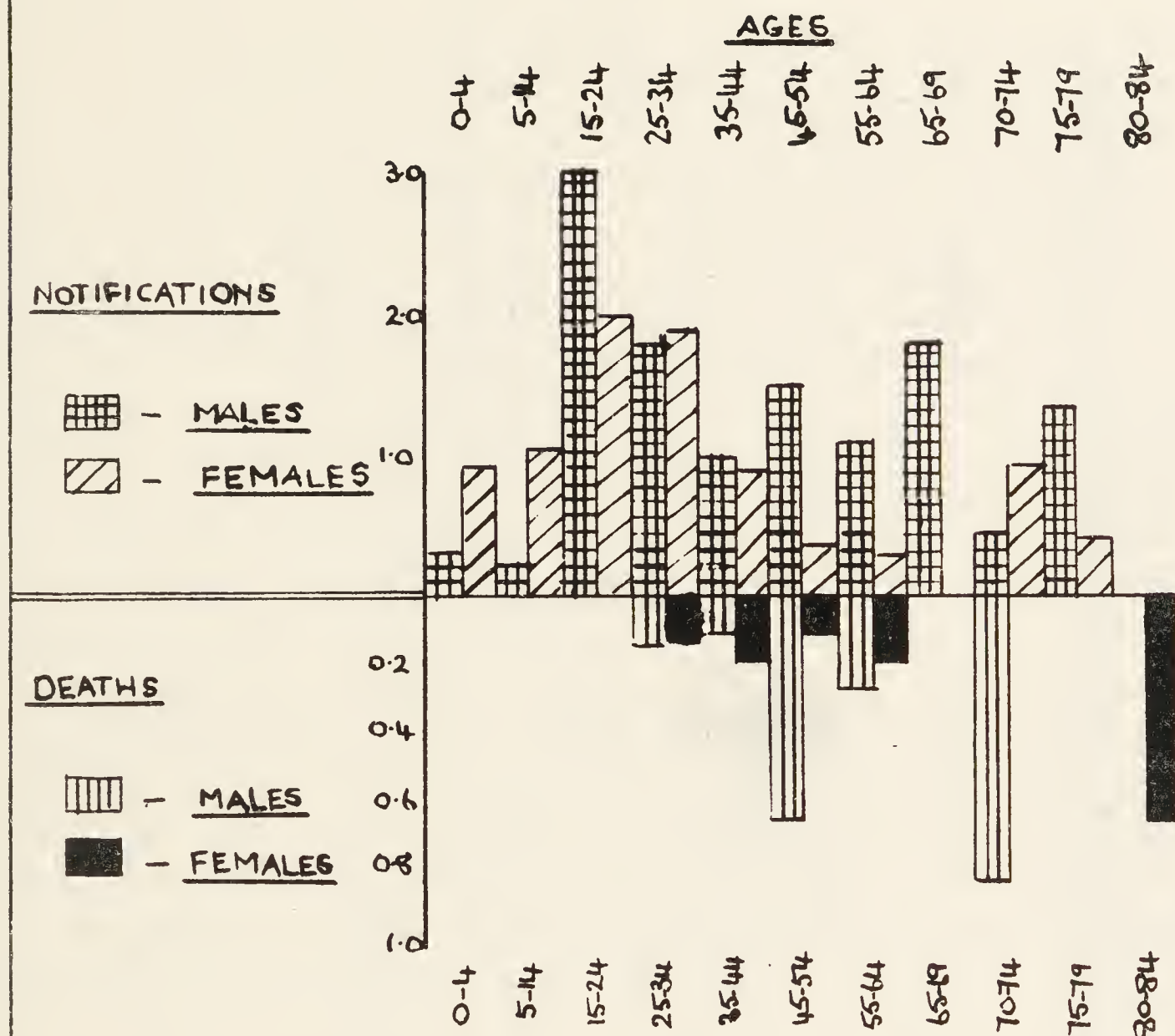
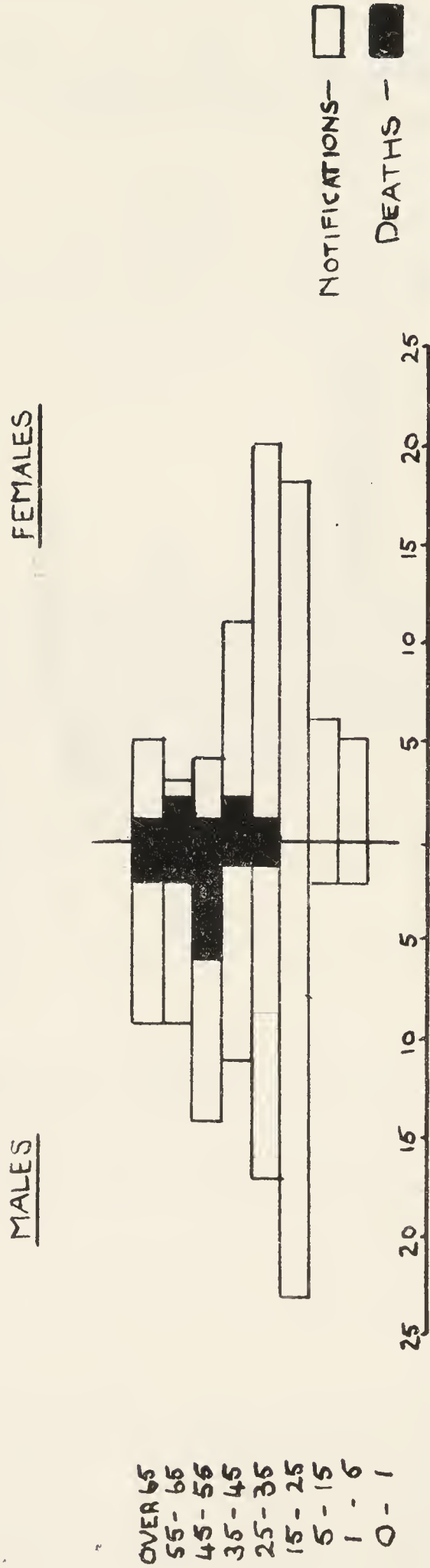


Table E shows for each sex, the rate per thousand population of notified pulmonary tuberculosis. Similarly, it shows the death rate per thousand from this disease. Table E. is therefore a graphic way of showing the risks of contracting pulmonary tuberculosis at various ages and the risks of dying therefrom.

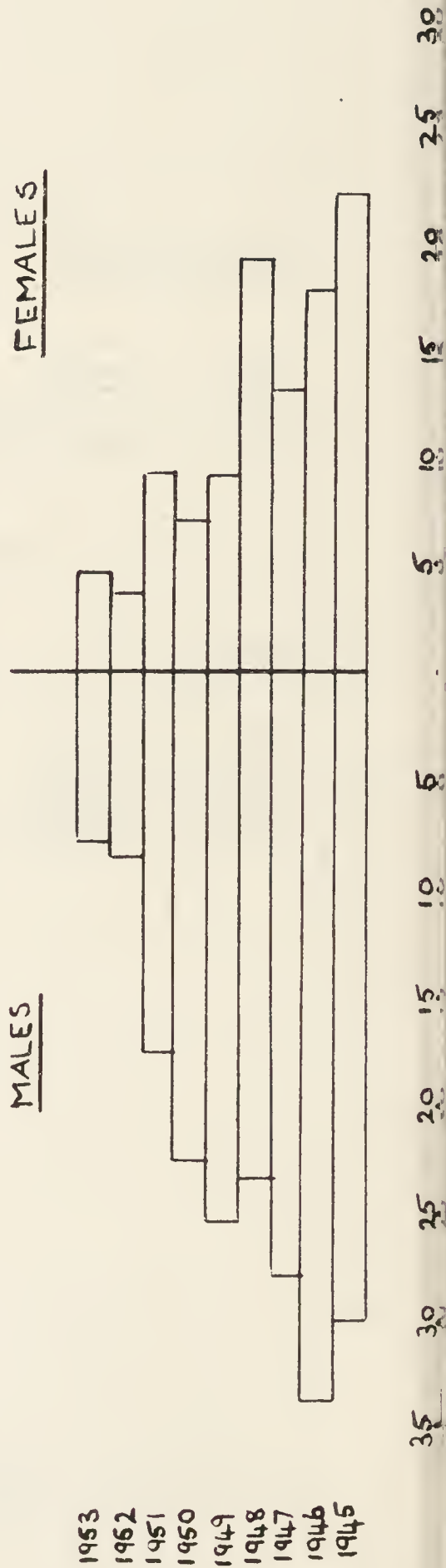
TABLES F. & G.

RESPIRATORY TUBERCULOSIS

TOTAL NOTIFICATIONS AND DEATHS BY AGE-GROUPS



ANNUAL DEATH RATES PER 100000



Dr. E. G. Sita Lumsden, Consultant Physician for Tuberculosis, comments as follows:-

"The number of new notifications for 1953 was less than in 1952, falling from 192 to 179. Of these, 69 were inward transfers, a figure which has been extraordinarily constant for the last 6 or 7 years. The outward transfers numbered 45, there being the usual excess of immigrants with known pulmonary tuberculosis to the area; 110 new cases were diagnosed compared with 127 the previous year."

Of the new cases diagnosed, 33 were already sputum positive and 77 were closed cases. This confirms the impression that cases are being diagnosed much earlier, and a proportion of more than 2-1 of closed to open cases is very satisfactory. The peak in female notifications occurred at a slightly later age than in previous years. Formerly the greatest incidence of tuberculosis in females occurred between the ages of 15 and 25 years; in 1953 most notifications of females (17) occurred between the ages of 20 and 35. This may be correlated with the low rate of tuberculin positivity found recently among school children of 14 and 15 years in the County Borough. In men there was no peak in the notifications, the incidence varying only slightly between the ages of 15 and 75 years, though there were 2 humps of 12 and 17 in the curve, at ages 20 - 25 and 35 - 55 respectively. It will be seen that over the age of 65, 7 cases were found in males and 4 in females. There were 4 posthumous notifications, 3 male and 1 female. One of the male cases was non-respiratory and death was certified as being due to tuberculous pyelonephritis with uraemia. Contacts of these "posthumous cases" were fully investigated.

The number of cases of tuberculosis coming to notice during the past 5 years has been as follows:-

	New cases	Inward Transfers	Total
1949	175	56	231
1950	190	66	256
1951	145	71	216
1952	127	65	192
1953	110	69	179

Deaths

TABLE H.

Deaths from Tuberculosis

	M	F	Total
Respiratory causes	12	7	19
Non-respiratory causes	1	1	2
<hr/>			
Total deaths from tuberculosis	13	8	21
<hr/>			

There was an increase of 1 respiratory death compared with 1952, but no change in the numbers dying from non-respiratory tuberculosis. As the figures are small this variation cannot be said to be of any significance. The death rate for respiratory tuberculosis per 100,000 was 12.4 and the non-respiratory rate was 1.3 giving a total death rate of 13.7, which can be considered satisfactory.

Apart from one girl aged 5 who died of tuberculous meningitis, (she was a contact of her mother, a previously undiagnosed case), no person under the age of 25 died from tuberculosis. Of the 12 male deaths, 10 occurred after the age of 45, and 4 of the 7 female deaths also occurred after that age.

Comparative Mortality from
Common Respiratory Causes

No. of deaths from:	M	F	Total
Respiratory cancer	68	12	80
Pneumonia	54	86	140
Bronchitis	62	37	99
Other respiratory diseases	12	8	20
Pulmonary Tuberculosis	12	7	19

The ratio of deaths from respiratory cancer to deaths from respiratory tuberculosis was unaltered.

WORK OF THE CHEST CLINIC 1953

	Respiratory				Non-respiratory				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
No. of notified cases on clinic register, 1.1.53.	458	394	28	27	19	31	13	8	477	425	41	35	978
Transfers from clinics outside area during year	27	31	1	6	-	2	-	2	27	33	1	8	69
Children transferred to adult register during year	2	1	-	-	-	-	-	-	2	1	-	-	3
Cases lost sight of which returned to clinic during the year	-	-	-	-	-	-	-	-	-	-	-	-	-
b. of NEW CASES diagnosed during year:													
. T.B. minus	27	23	3	5	4	10	3	2	31	33	6	7	77
. T.B. plus	27	5	-	1	-	-	-	-	27	5	-	1	33
ALS OF A AND B	541	454	32	39	23	43	16	12	564	497	48	51	1160
c. of cases in A & B written off clinic registers during the year:													
. Recovered	47	57	9	5	1	4	-	1	48	61	9	6	124
. Died (all causes)	14	8	-	-	3	-	-	1	17	8	-	1	26
. Removed to other clinic areas	25	16	2	-	1	-	1	-	26	16	3	-	45
. Children transferred to adult register	-	-	2	1	-	-	-	-	-	-	2	1	3
. Other reasons	6	2	-	3	-	-	1	-	6	2	1	3	12
ALS OF C	92	83	11	8	5	4	2	2	97	87	15	11	210
d. of notified cases on clinic register, 31.12.53.	449	371	19	30	18	39	14	10	467	410	33	40	950
e. of above known to have positive sputum within preceding six months									62	28	-	-	90
a) No. of persons (excluding transfers) first examined during the year									917	832	216	147	2112
b) No. of those in (a) who attended as CONTACTS and who were:													
Diagnosed as tuberculous									2	5	-	1	8
Not tuberculous									142	160	52	50	404
Not determined (as at 31.12.53)									-	-	-	-	-

During the year there was a gradual change in the arrangements for treating patients with tuberculosis at home. The waiting list virtually disappeared and patients were admitted to hospital as soon as diagnosed, or as soon as any relapse or other factor made it necessary. On the other hand, it has become increasingly clear that one of the most effective treatments of pulmonary tuberculosis, especially where collapse treatment

and radical surgical measures are not applicable, is the prolonged administration of anti-tuberculous drugs in combination, for periods of 18 months or 2 years, or even longer. More and more patients have continued on streptomycin injections, usually 3 times weekly, following their discharge from hospital, and this has so far proved very satisfactory, some of the patients returning to work while still continuing their streptomycin injections and taking other drugs by mouth. Isoniazid has been found particularly useful for domiciliary drug therapy, the tablets being conveniently dispensed in small bottles and issued from the clinic."

VENEREAL DISEASES

Syphilis

The number of patients under treatment for this disease showed a marked decline and only one, a male, presented for treatment in the first year of the infection. It is a matter for satisfaction that once again no child under the age of 1 year was treated for congenital disease.

Gonorrhoea

The number of male patients suffering from this condition who were dealt with for the first time increased from 32 to 57 and the females from 10 to 23.

Non-venereal Conditions

Considerably more than half the patients who attended, did so for conditions shown to be non-specific in origin; this reveals continued awareness of the importance of treatment and of confidence in the clinic, but nevertheless it throws an unfavourable light on the general level of sexual morality today.

Clinic attendances were:

	Clinic Attendances		Intermediate Attendances	
	M	F	M	F
Syphilis ...	381	1162	50	69
Gonorrhoea ...	369	191	—	3
Other patients	1060	840	6	4
	1810	2193	56	76

The following are the civilian totals for previous years:

New Patients suffering from	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Syphilis	21	24	40	23	29	33	52	50	50	58	46	33	13	16	18
Gonorrhoea	83	61	78	82	73	60	112	110	71	58	67	37	44	42	80
Soft Chancre													2		1
Total Attendances	9472	2846	3319	3345	5185	4387	4431	5840	4714	3667	5907	5952	5461	4750	4135

VENEREAL DISEASES

YEAR ENDING 31.12.53

Number of Patients:	Syphilis		Gonorrhoea		Conditions other than venereal		Totals	
	M	F	M	F	M	F	M	F
Under treatment on 1.1.53 ...	32	43	12	8	33	30	77	81
Returned after cessation of attendance in previous years	—	5	1	2	1	—	2	7
Dealt with for first time, suffering from:								
(a) Syphilis primary ...	1	—	—	—	—	—	1	—
(b) „ secondary ...	—	—	—	—	—	—	—	—
(c) „ latent in 1st year of infection ...	—	—	—	—	—	—	—	—
(d) Syphilis, cardio-vascular ...	—	—	—	—	—	—	—	—
(e) „ of nervous system ...	1	—	—	—	—	—	1	—
(f) „ all other late or latent stages ...	4	8	—	—	—	—	4	8
(g) Syphilis, congenital (under 1 year) ...	—	—	—	—	—	—	—	—
(h) Syphilis, congenital ...	1	3	—	—	—	—	1	3
(i) Gonorrhoea ...	—	—	57	23	—	—	57	23
(j) Chancroid ...	—	—	—	—	1	—	1	—
(k) Lymphogranuloma inguinale ...	—	—	—	—	—	—	—	—
(l) Granuloma venereum ...	—	—	—	—	—	—	—	—
(m) Any other conditions requiring treatment ...	—	—	—	—	96	45	96	45
(n) Conditions not requiring treatment ...	—	—	—	—	198	88	198	88
(o) Conditions remaining undiagnosed at 31st December ...	—	—	—	—	—	2	—	2
Dealt with for first time, transferred from other centres ...	2	1	—	—	—	—	2	1
Total under treatment during 1953 ...	41	60	70	33	329	165	440	258
Discharged after completion of treatment and tests for cure	9	13	26	12	244	126	279	151
Ceased to attend before completion of treatment ...	—	1	—	—	—	—	—	1
Ceased to attend after completion of treatment but before final tests for cure	4	5	7	4	—	—	11	9
Transferred to other Centres...	2	4	6	3	8	5	16	12
Died from Syphilis ...	1	—	—	—	—	—	1	—
Number under treatment on 31st December 1953 ...	25	37	31	14	77	34	133	85

CANCER

The number of deaths from malignant disease was 409 compared with 383 in the previous year. The general incidence of these diseases shows no appreciable change.

The primary sites of disease were as follows:-

	Males	Females
Skin	1	3
Lips, Cheek, Mouth, Tongue etc. ...	9	6
Larynx, Bronchus, Lung, Mediastinum	68	12
Oesophagus	7	1
Stomach	32	17
Small Intestine	2	1
Caecum, Colon	15	22
Rectum	15	9
Gall Bladder, Bile Ducts, Liver ...	2	10
Pancreas	11	7
Kidney, Supra renal	4	4
Bladder, Urethra	17	7
Prostate	8	-
Vulva	-	2
Ovary	-	18
Uterus	-	11
Breast	-	46
Brain	2	3
Bone	3	3
Thyroid	1	-
Lymph Glands	1	3
Miscellaneous or not ascertained ...	<u>12</u>	<u>14</u>
	<u>210</u>	<u>199</u>

There were 9 deaths attributed to malignant disease in persons under 35 years of age, the primary sites of disease being as follows:-

Male	34 years	...	Carcinoma Bronchus
Male	9 "	...	"Brain Tumour"
Male	16 "	...	Lymphosarcoma
Female	33 "	...	Carcinoma Lung
Female	33 "	...	Carcinoma Lung
Female	21 "	...	Sarcoma of Tibia
Female	15 "	...	Retroperitoneal Sarcoma
Female	14 "	...	Lymphosarcoma
Female	14 "	...	Reticulosis

PUBLIC HEALTH (AIRCRAFT) REGULATIONS, 1952

The routine operation of the Health Control for passengers and aircraft arriving from abroad is undertaken by the staff of the Airport Manager, the medical officers being available at any time to deal with exceptional matters. No special public health problems were encountered during the year.

The number of passengers passing through the customs again increased, although there were 200 fewer "movements" of aircraft. No foodstuffs or live-stock were handled at the airport.

Members of the airport staff are encouraged to accept routine re-vaccination, both for their own protection and to reduce the number of persons at risk, should smallpox be introduced there.

The following table, which is reproduced by kind permission of the Airport Manager, shows the number of customs movements of passengers and aircraft during the year.

Month	Aircraft		Passengers	
	In	Out	In	Out
January	11	10	45	95
February	23	27	116	96
March	24	20	184	90
April	40	40	185	131
May	60	74	269	274
June	137	141	576	805
July	159	152	982	1055
August	158	174	1385	1404
September	107	135	809	901
October	47	45	129	600
November	16	21	12	20
December	9	19	30	22
	<u>791</u>	<u>858</u>	<u>4722</u>	<u>5493</u>
	1649		10215	

LOCAL GOVERNMENT SUPERANNUATION ACT, 1937 AND SICK PAY REGULATIONS

The following table shows the number of medical examinations carried out for the various Departments of the Corporation:-

Education	...	...	...	207
Candidates for Teachers				
Training Colleges	...	...	...	48
Transport	...	...	...	171
Public Health	...	...	...	42
Borough Engineer's	...	...	...	54
Children's	...	...	...	26
Borough Treasurer's	...	...	...	23
Cleansing	...	...	...	30
Pier and Foreshore	...	...	...	16
Parks	...	...	...	17
Town Clerk's	...	...	...	8
Libraries	...	...	...	11
Airport	...	...	...	10
Police	...	...	...	2
Cemeteries	...	...	...	7
Architect's	...	...	...	11
Housing	...	...	...	6
Fire Brigade	...	...	...	7
Entertainments	...	...	...	5
Justices' Clerk's	...	...	...	2
Fuel Overseer's	...	...	...	1
Weights and Measures	...	...	...	1
Civil Defence	...	...	...	1
Other Local Authorities			...	<u>6</u>
				<u>712</u>

In addition 390 Sick Pay Regulation cases were dealt with by enquiry and report without medical examination. This very large increase on the figure for the previous year (164) is accounted for by the high incidence of temporary sick absences during the epidemic of influenza and other respiratory diseases in the early months of the year.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

A full description of the supply, which has continued to be satisfactory both in quantity and quality and is without likelihood of plumbo-solvent action, was included in the report for 1944. Save for a very few houses where shallow wells are in use, all premises are supplied with piped water.

The supply from the Southend Waterworks Company is under complete bacteriological control from the time it enters the intakes until final distribution. Samples are also sent periodically to an independent laboratory, reports from which are furnished to the medical officer of health by courtesy of the secretary of the Company.

Samples from the Corporation's undertaking, and domestic supplies furnished by both undertakers, are daily submitted to the Public Health Laboratory Service for examination, these tests being supplemented as necessary by a complete chemical and bacteriological investigation in an independent laboratory.

New Work at Shoeburyness Undertaking.

During the year work on No. 3 borehole was begun, and water-bearing levels reached by the middle of September. A fortnight later the water from No. 2 borehole became heavily discoloured, no doubt because No. 3 borehole had then entered a common peaty stratum. At the same time the bacterial count rose materially, so it was deemed wise to discontinue supply from this source. The water from No. 2 borehole was accordingly pumped to waste until, by the end of November, it had cleared. Shortly afterwards when a shell stuck in No. 3 borehole, the plate count rose again. Following recovery of the shell and the attainment of satisfactory bacterial standards, water from No. 2 borehole was put into service again on December 13th.

When pumping from No. 3 borehole began on December 16th, the bacterial counts quickly showed a continuous and satisfactory fall, so it was disappointing that the pump broke down after a short period of service owing to the presence of sand in the water.

At the beginning of February, 1954, when the pump was again introduced into borehole No. 3, there followed a slight but unimportant rise in the bacterial content of the water from No. 2 borehole, but this alteration was only apparent for a few days.

When pumping from No. 3 borehole was resumed, the plate counts fell from 2,100 colonies per ml. to less than 10 per ml. within two days, since which time the water from this borehole has been continuously in service and the pump has operated without any mechanical difficulties.

Typical analyses are:-

Southend Waterworks
Company

Shoeburyness
Waterworks

CHEMICAL RESULTS IN PARTS PER MILLION

Appearance ...	...	Clear and bright...	Bright with a very slight deposit of siliceous particles (sand).
Turbidity ...	...	Nil.	Less than 3.
Colour ...	...	3.	3.
Odour ...	...	Nil.	Nil.
pH ...	...	8.6	8.5
Free Carbon Dioxide		Absent.	Absent.
Electric Conductivity		425	1480
Total Solids ...	...	285	990
Chlorine present as			
Chloride ...	...	48	310
Alkalinity as Calcium			
Carbonate ...	...	20	270
Hardness:			
Total ...	...	130	38
Carbonate ...	...	20	38
Non-Carbonate	...	110	0
Nitrate Nitrogen ...	...	3.6	0.0
Nitrite Nitrogen ...	...	Absent	Absent
Ammoniacal Nitrogen *	...	0.072	0.69
Oxygen Absorbed ...	...	1.0	0.25
Albuminoid Nitrogen *	...	0.067	0.000
Residual Chlorine ...	...	Absent	Absent
Metals:			
Iron ...	...	0.04	0.03
Other metals	...	Absent	Absent

* To convert to Ammonia multiply by 1.21

BACTERIOLOGICAL RESULTS

Sampling bottles are treated to remove residual chlorine if present.

Number of Colonies
developing on Agar

1 day at 37°C. ...	10 per ml.	...	0 per ml.
2 days at 37°C.	270 per ml. minute colonies	...	1 per ml.
3 days at 20°C.	4 per ml.	...	0 per ml.

Presumptive Coli-
aerogenes Reaction

Present in ...	- ml.	...	- ml.
Absent from ...	100 ml.	...	100 ml.
Probable number ...	0 per 100 ml.	...	0 per 100 ml.

Bact. Coli (Type I)

Present in ...	- ml.	...	- ml.
Absent from ...	100 ml.	...	100 ml.
Probable number ...	0 per 100 ml.	...	0 per 100 ml.

Cl. welchii Reaction

Present in ...	- ml.	...	- ml.
Absent from ...	100 ml.	...	100 ml.

REMARKS

Southend Waterworks Company

This sample is clear and bright in appearance, faintly alkaline in reaction and free from metals apart from a negligible trace of iron. The hardness of the water and its content of mineral and saline constituents are very moderate and it is of satisfactory organic quality and bacterial purity.

These results are indicative of a water which is pure and wholesome in character and suitable for drinking and domestic purposes.

(Sgd.) ROY C. HOATHER

30th July 1953

Shoeburyness Waterworks

This sample is practically clear and bright in appearance, very faintly alkaline in reaction and free from metals apart from a negligible trace of iron. The water is soft in character and has a high but not excessive content of mineral constituents in solution. It is of very satisfactory organic quality and bacterial purity.

Apart from the disadvantages of the known content of fluorine, these results are indicative of a pure and wholesome water suitable for drinking and domestic purposes.

(Sgd.) GORDON MILES

13th May 1953

Shoeburyness Waterworks.

The "known content of fluorine" referred to in Mr. Gordon Miles's report is understood to be of the order of 1.9 parts per million.

ATMOSPHERIC POLLUTION.

Towards the end of July complaints were received about objectionable smells, and the chief sanitary inspector with his customary promptitude investigated these carefully and thoroughly. The "garlicky" odour complained of brought to mind what one's predecessor had said of atmospheric pollution experienced during the years succeeding the First World War and traced to the operations at oil installations situated in the Orsett area, so it is hardly surprising that the immense new plants at Grain Island, Shell Haven and Coryton, which were then being brought into operation, fell under immediate suspicion. It was appreciated that if the nuisance was attributable to the operation of plants erected at very great expense and regarded as being of prime importance in the economic life of the nation, the Corporation and its officers alike were faced with a very difficult situation, and urgent consultations with the Town Clerk took place immediately.

The situation was summarised in a report to the Health Committee on September 21st, extracts from which are set out below:

"Complaints about disagreeable smells began to be received by the Department on July 28th and systematic observations have been maintained since July 30th. The assistance of some of the complainants has been enlisted and the results of 225 observations are now available.

The distribution of the smell varies and is far from uniform. It has been noticed in most parts of the Borough including Thorpe Bay but it is chiefly remarked on in Leigh and the central part of Westcliff. Our own observations and information from other districts indicates that there is serious cause for complaint on Canvey Island and in Benfleet.

The characteristics of the smell are not easy to describe nor indeed to ascertain. Individuals seem to vary considerably in their reaction, and what is a serious inconvenience to one person can be interpreted as a very trivial matter by another. There is no general agreement about its nature. It is variously described as being oily or garlicky. In general it appears to be non-irritant although old people and those who suffer from chronic chest conditions say that it sometimes irritates and causes them to cough. A few complainants say that they have vomited as a result of the smell, and others that they have been wakened at night by it. Dr. Sita Lumsden, physician in charge of the chest clinic, in reply to my enquiries tells me that complaint has come chiefly from the west of the Borough, the smell has been more noticeable in the early morning and the evening, and is said to be worse when the wind is blowing gently from the south-west, or when there is no appreciable air movement at all. The symptoms reported are cough, indigestion and running of the nose. My medical colleagues generally reported in a similar vein, but no cases of actual illness have been brought to my notice.

There can be little doubt the smell originates outside the Borough and having regard to the wind conditions in which it is experienced, suspicion must attach to the oil installations on the Isle of Grain, at Coryton and at Shell Haven.

The chief sanitary inspector and I saw the Town Clerk on August 5th when the information then available was discussed. I communicated with the deputy chief inspector of Alkali etc. Works who has previously been helpful to the Department in dealing with effluvial nuisances and he undertook to see that an early visit was paid to the oil installations, and recently I have had an interview with the inspector for this area. I have discussed the situation informally with medical officers of the Ministry of Health.

It is understood that wherever large oil refining installations are in operation, some effluvial nuisance inevitably develops, and in spite of the efforts and goodwill of the operators, no means of permanently preventing all smells has yet been devised. As regards our local situation, if the oil installations are at fault the people of this area must expect to be seriously inconvenienced because there is not one but three of them in the track of the generally prevailing winds. Moreover, these installations are only now being started up and all the

processes for which they are designed have not yet been established or put into operation. It seems reasonable to believe, therefore, that trouble from this source must inevitably increase in frequency and magnitude.

In the absence of any information about the chemical nature of the discharges from the installations no view can be expressed about any possible health hazards. It is, however, somewhat reassuring to know that other plants have been in operation longer than those on our border, and I have no information, as yet, of any untoward results on health. The season of autumnal fogs is, however, approaching, and until we have experience of the abnormal atmospheric conditions we shall be unable to gauge the full effects to be apprehended from the operation of these plants. In this connection I think it would be advisable.....to press the Ministry of Health for assurances as to the absence of health hazards from this source. As the Committee would have seen from the press reports, this matter was considered by the General Purposes Committee of the Council at their meeting on September 11th, and the Mayor held a press conference on September 14th. The prominence given in the press about my warning of the effect of autumnal weather conditions is most timely.

..... I wish to draw the Committee's attention to the very large amount of work which this has occasioned. I know the chief sanitary inspector and some of his staff have made observations very late at night and in the early hours of the morning. In addition they have succeeded in securing the co-operation of some complainants so that the records of systematic observations are available for August and September, and I would like to take the opportunity of expressing my thanks and satisfaction to Mr. Drake and his staff."

Reassurance was given by a letter received from a principal medical officer of the Ministry of Health which reads as follows:

"The precise chemical composition of the compounds causing smell is not known. Some hydrogen sulphide is likely to be present; the more malodorous compounds also almost certainly contain sulphur in the form of sulphides, di-sulphides, mercaptans and complex derivatives of these. Escapes of gas are accidental and therefore variable; it is not possible to estimate the total weight discharged at any one time but the compounds are in gaseous form at atmospheric temperatures and are not permanently deposited in the same way as occurs with dusts or mists. Unfortunately, they possess a penetrating odour which is detectable in concentrations of substantially less than one part per million parts of air.

So far as is known, there is no evidence to suggest that these gases have any harmful effect on human or animal life or on plant life in the concentrations to be encountered at ground level."

During October there was a noticeable improvement which coincided with prolonged spells when the wind came from a north or north-easterly direction but serious cause for complaint was again experienced during November. It is, however, proper to remark that with the advent of the autumn and the winter, conditions had not deteriorated to the extent expected, no doubt due to the efforts which, we were informed by the Alkali Inspector, were being made by the oil operators concerned.

Reference has been made to the great help the Department received from many residents who kept careful notes of the time and circumstances in which they themselves were aware of the smell nuisance. To their care and assiduity we owe a great deal of the basic observations on this very serious development, and we were able to compile a record which established beyond dubiety the extent of the nuisance to which the area was intermittently subjected.

Those who serve the public cannot expect invariably to receive co-operation and when the trouble was at its height the Department was subjected to a great deal of criticism both over the telephone and in correspondence for its alleged inactivity and even indifference. This kind of treatment is both inconsiderate and unjust; many of the complainants had not even stopped to consider that the officers experience in their own homes exactly the same annoyance and difficulties as those who were most intemperate in their criticism.

*Observations on Smell Nuisance
August to December, 1953, inclusive*

<i>Leigh Westcliff Southend Thorpe Bay Shoeburyness Total</i>						
Number of observations:						
(a) Officers	255	104	50	117	22	548
(b) Public	290	62	53	—	—	405
	545	166	103	117	22	953
Number of hours covered:						
(a) Officers	151	55	25	50	9	290
(b) Public	489	90	79	—	—	658
	640	145	104	50	9	948
Number of hours when smell apparent:						
August	145	25	22	3	—	195
September	116	39	35	1	1	192
October	94	16	13	2	—	125
November	134	22	13	2	—	171
December	15	—	4	—	—	19
	504	102	87	8	1	702

Times at which Smell Nuisance was Reported

Midnight— 3 a.m.	3 a.m.— 6 a.m.	6 a.m.— 9 a.m.	9 a.m.— Noon	Noon — 3 p.m.	3 p.m.— 6 p.m.	6 p.m.— 9 p.m.	9 p.m.— Midnight
36	101	203	137	59	67	69	116

SANITARY INSPECTION OF THE BOROUGH.

Mr. R. A. Drake, B.E.M., M.R.S.I., Chief Sanitary Inspector, reports as follows:-

A. COMPLAINTS.

The following table shows the complaints received during the year and the visits of inspection made in connection with them.

			Complaints	Visits
General housing defects	...	...	1,830	9,983
Defective drainage systems	...	...	348	1,081
Blocked drainage systems	...	...	255	744
Flood damage	...	...	244	2,984
Absence of or defective dustbins	...	...	231	827
Dirty condition of houses or rooms	...	...	197	786
Animals improperly kept	...	...	59	191
Overcrowded and unsatisfactory housing conditions	...	...	325	1,007
Insect pests	...	...	83	233
Fly nuisances	...	...	16	52
Deposit of refuse on vacant land and back passages	...	...	100	271
Caravans	...	...	47	302
Smoke nuisances	...	...	40	186
Food and food premises	...	...	56	317
Factories and workshops	...	...	26	158
Shops Act	...	...	120	475
Water supply	...	...	11	52
Sanitary conveniences	...	...	20	114
Miscellaneous	...	...	398	1,189
			<u>4,406</u>	<u>20,952</u>

These figures do not include 345 complaints in connection with rats and mice, which are shown elsewhere in the report.

B. ABATEMENT OF NUISANCES.

Number of premises where nuisances were found to exist	2,193
Abated -	
after service of informal notices	991
after service of statutory notices	142
without notice	872
In process of being dealt with on 31st December, 1953	188

Proceedings were instituted against two owners for failing to comply with statutory nuisance notices. In one case the Court made a nuisance order, but the owner refused to undertake the work. The Corporation carried out the necessary repairs and recovered the costs involved from the owner. The other owner completed the work on the day before the case was due to be heard, but as the work had been outstanding at the time when the summons was issued, the magistrates awarded the Corporation the sum of 5 guineas costs.

In one case a statutory notice served pursuant to section 39 of the Public Health Act was not complied with. The necessary drainage work was carried out by the Corporation, the cost of which was recovered from the owner.

C. HOUSING.

(a) *Unfit houses.*

The two houses scheduled for demolition in 1939 are being maintained in a reasonably satisfactory condition, so their demolition can still be deferred.

Seven houses became so dilapidated that the Corporation rehoused the occupants, the owners having given an undertaking not to relet the premises for human habitation. These properties comprise part of a terrace of houses, and it has not been possible to secure their demolition, for this would interfere with the structural condition of the remaining occupied properties.

Two houses which also became so dilapidated as to be unfit for further use, were demolished and the occupants rehoused by the Corporation.

(b) *Repairs to houses.*

The Department continued to find difficulty in obtaining the execution of essential repairs by owners who lacked the means to meet the high cost involved. It is hoped that advantage will be taken of the provisions in the new Housing Act in respect of financial assistance towards the cost of executing repairs and improvements.

(c) *Overcrowding and Unsatisfactory Housing Conditions.*

Three hundred and twenty-five complaints were received about overcrowding and unsatisfactory housing conditions, to deal with which, 1,007 visits were made. Each complaint was investigated to ascertain the circumstances, whether there was statutory overcrowding or very difficult living conditions. Where necessary, the facts were reported to the Housing Committee, but the instances where statutory overcrowding was due to the occupants' own fault other action was taken to obtain its abatement.

The attention of the Housing Committee was also drawn to families requiring rehousing on health grounds.

(d) *Service Department Camps.*

Only one of these camps is now in use, and the number of occupied huts had been reduced by the end of the year to seven. It is hoped that when the new Shoebury housing estate is completed the remaining tenants of the huts can be rehoused. It is anticipated that within the next few months the camp will cease being used for housing purposes.

D. DIRTY AND VERMINOUS HOMES.

The number of complaints received under this heading was 197 as compared with 212 last year, of which many referred to rooms occupied by aged persons; in a number of instances it was found that the allegations were unjustified, the only action required being a general tidying and cleaning up.

There are a number of persons who, by reason of age, infirmity, indolence, indifference or sheer incapacity, require supervision and encouragement to maintain even a low standard of self-care, and 786 visits were made during the year for this purpose.

The provisions of sections 83 and 84 of the Public Health Act 1936 were used in four instances after informal action had failed to improve conditions.

The Department treated 341 rooms for infestations with vermin.

E. CAMPING SITES.

Two camping sites were re-licensed during the year; they were well maintained and the conditions of the licences closely observed. Both are provided with sanitary conveniences connected to the Council sewers, and the employment of male and female attendants ensures proper maintenance. The proprietor of one site has provided an additional block of sanitary accommodation, and arrangements have been made for the sanitary accommodation on the other site to be increased before next season commences.

On one camping site a boiler supplies hot water for the use of campers, who take full advantage of this amenity, both for personal and for domestic purposes.

Five applications were received for licences to station caravans on sites in the Borough; all were refused. All the 11 caravans occupying unlicensed sites were removed without recourse to legal proceedings.

F. THE PREVENTION OF DAMAGE BY PESTS ACT 1949.

During the year, 345 notifications of infestation called for 1915 visits; 239 referred to rat infestations, and 106 to mice. One thousand eight hundred and eighty-two test baits and 712 poison baits were laid.

The majority of the rat infestations on domestic premises arise from the keeping of poultry.

Thirteen infestations of mice in schools were dealt with. These were found to be in either the kitchens or junior departments, the mice having been brought into the buildings with incoming goods etc.

Two heavy infestations were found, one in some derelict property, and the other in a block of garages used for the storage and slaughtering of poultry.

Immediately following the flooding in the early part of the year, it was found that an aviary in a park in the affected area became heavily infested with rats, and it can be assumed that this was due to the rats having found it a safe refuge from the floods.

The treatment of sewers is undertaken by the Borough Engineer's Department, which has supplied the following information.

"As required by the Ministry of Agriculture and Fisheries, bi-annual maintenance treatments were carried out; a total of 337 man-holes was pre-baited, and 421 poison baits laid."

G. ATMOSPHERIC POLLUTION.

Early in August the operation of oil refineries on Thames-side produced a variety of unpleasant and even nauseating smells; a report on this trouble appears elsewhere in this report. Otherwise no serious case of atmospheric pollution came to notice during the year. Of the 40 complaints received, 23 referred to chimneys of dwellinghouses, 9 to the use of incinerators for disposing of trade refuse, 6 to small workshops where fuel other than coal or coke was being used in slow combustion stoves, and the remaining 2 to laundry premises where unsuitable fuel caused trouble. When arrangements were made for more suitable fuel to be provided for them, cause for complaint was much reduced.

H. RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951.

The Act, operative from 1st November 1951, repeals and replaces the Rag Flock Acts 1911 and 1928 and the Rag Flock Regulations 1912. It requires the use of clean filling materials in upholstered articles which are stuffed or lined, and provides for the registration of premises where such filling materials are used (except for remaking or reconditioning of articles), and for the licensing of premises used for manufacturing or storing rag flock. Powers are given to local authorities to inspect premises and sample materials. Thirteen premises are registered.

I. PET ANIMALS ACT 1951.

This Act, operative from 1st April 1952, provides for the licensing of premises from which pet animals are sold, and empowers the local authority to make conditions regarding their housing and care.

Twenty-seven applications for licences were received, and 25 were granted, in one instance after the applicant had met the requirements of the Council. The remaining two applications were subsequently withdrawn. Two hundred and fifty-eight visits were made to these premises.

J. PHARMACY AND POISONS ACT 1933.

The Department's responsibilities are mainly with the sale of those poisons scheduled in Part II of the Poisons List, which includes household ammonia, carbolic disinfectants, insecticides, horticultural sprays, etc. The names of retailers require to be entered in the Council's list and certain precautions about labelling, storage, etc. have to be observed. Inspections totalling 333 were made in respect of 269 premises registered by the Council.

K. PLACES OF ENTERTAINMENT.

A total of 345 inspections of the sanitary accommodation in cinemas and theatres was made during the year; only a few minor sanitary defects were found which were immediately rectified when brought to the notice of the management.

L. PARTICULARS OF -

(a) Notifiable diseases.

Enquiries concerning notifiable diseases required 874 visits, in addition to which 517 visits were made to contacts.

(b) Other visits or inspections, -

Marine store dealers	...	110
Piggeries	...	541
Registration of hotels, boarding and apartment houses (for Publicity Committee)		1,094

M. LICENSED HOUSES.

Detailed inspection of the sanitary accommodation provided for customers of licensed houses in the Borough has been continued. Where additions or improvements were considered necessary our views were communicated to the owners who usually arranged for their representatives and architects to be available for discussions at the premises.

The kitchens of those licensed houses where meals are provided have received attention, and several have now been modernised.

INSPECTION AND SUPERVISION OF FOOD.

FOOD AND DRUGS ACTS 1938-1944.

General.

Food premises, especially catering businesses, are of very great importance in Southend-on-Sea where they create a considerable seasonal problem.

As will be seen from the sub-joined Table, there are at least 300 restaurants and cafés in Southend-on-Sea, a figure which can only be approximate because there is no requirement that catering premises be registered and some of these businesses are no sooner established than they are closed down. Until registration is compulsory, control must be inadequate.

Many catering businesses in Southend, particularly those which continue in operation throughout the year, are well-equipped, properly managed and maintain exceptionally high standards of hygiene. Several difficulties however confront the seasonal business, even when management is enlightened and co-operative, and when these businesses pass into the hands of those who are inexperienced and lack sufficient capital, they can give rise to

apprehension. The seasonal business, dependent as it is upon the vagaries of climate and economic conditions, is at a very great disadvantage in obtaining staff and has to make shift very often with a comparatively poor type of helper. This is only natural because no one who can command regular employment in good conditions is prepared to accept the risks of brief periods of employment and to work under great pressure, very often in premises but ill-adapted or equipped, to cope with the numbers of customers who clamour for attention at busy periods.

These conditions make the work of your inspectors all the more important while they increase their difficulties. The staffs share with their employers a very short-term view of their responsibilities and are often unwilling to accept advice about food hygiene, even when they are sufficiently informed to understand its necessity. Much of the labour is casual so that its instruction is mostly profitless. It may well be that future legislation will arm the authority with the powers it needs to enforce the higher standard of hygiene than now obtains in some premises, but the public will also require to understand that the cleanly production and handling of food is an expensive matter and good standards will have to be paid for by the customer.

The department is sometimes asked why it has not set up a "Clean Food Guild" or similar organisation, the like of which has in some other areas attracted much publicity. The brief answer is that our present exiguous staff is much better employed in its primary work of inspection and instruction. To award certificates to caterers who attain and maintain good standards would involve much extra inspectorial work if these same certificates were to have any validity or contribute anything to the public interest, as otherwise they serve only to mislead a public which is beginning to be interested in protecting itself from food poisoning and the hazards of communal feeding.

Your inspectors are constantly reminded that education is a fundamental part of their work and that they are now health teachers rather than health policemen. Every opportunity is taken during their visits to teach both management and employees and it is pleasant to record there is a growing appreciation of the value of their work.

Number of food premises in the area by type of business:

Bakehouses	...	...	46
Bakers' shops	...	...	71
Butchers	...	...	112
Dairies	...	...	9
Fishmongers	...	...	84
Greengrocers	...	...	168
Grocers	...	...	274
Restaurants, cafés, etc.			300

Number of food premises by type of business registered under Section 14 of the Food and Drugs Act or under local Acts made under Section 16.

Manufacturers	...	...	...	...	24
Purveyors of ice cream	...	...	...	...	457
Premises registered for preparation or manufacture of preserved food	...	...	...	...	64

A. MILK.

(i) Registration and Licensing.

Milk and Dairies Regulations 1949.

No. of persons registered as distributors	...	146
No. of premises registered as dairies	...	9

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949 and 1950.

No. of dealers' (Pasteuriser's) Licences	...	5
No. of dealers' (Pasteuriser's - Tuberculin Tested Milk) licences	...	3
No. of dealers' licences to use the special designation "Pasteurised"	...	52
No. of dealers' licences to use the special designation "Tuberculin Tested (Pasteurised)"	...	17
No. of supplementary licences to use the special designation "Pasteurised"	...	1
No. of dealers' (Steriliser's) licences	...	1
No. of dealers' licences to use the special designation "Sterilised"	...	130
No. of supplementary licences to use the special designation "Sterilised"	...	2

Milk (Special Designation) (Raw Milk) Regulations 1949 and 1950.

No. of dealers' licences to use the special designation "Tuberculin Tested"	...	27
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The Minister of Food made an order under the powers contained in section 23 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act 1950, declaring the County Borough to be a Specified Area. The Order came into operation on 2nd December 1953, and is cited as the Milk (Special Designation) (Specified Areas) (No. 2.) Order 1953. It is now illegal in the specified area for any person to sell by retail for human consumption any milk other than milk which may be sold as specially designated milk in accordance with the provisions of the Milk (Special Designation) (Raw Milk) Regulations 1949 or the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949.

(ii) Bacteriological Examination of Milk.

During the year, 594 samples of milk were submitted for the prescribed examinations.

		No. of Samples	Passed	Failed
Pasteurised	...	112	112	—
Sterilised	...	55	55	—
Tuberculin Tested	...			
(i) Pasteurised	...	99	97	2
(ii) Farm Bottled	...	328	322	6
		<u>594</u>	<u>586</u>	<u>8</u>

(iii) Summary of Chemical Analyses of Milk Samples.

Period	No. of Samples Analysed	Average	
		Fat %	Solids not fat %
March quarter ...	85	3.231	8.68
June quarter ...	—	—	—
September quarter	52	3.59	8.811
December quarter ...	63	3.507	8.771
Year ended 31.12.53	200	3.442	8.754

(iv) Inspections and Complaints.

Inspections of dairies, plant and equipment totalled 394 during the year. Nine complaints were received by the department, five of alleged adulteration of milk, three of dirty milk bottles, and one of a foreign body in a bottle of milk. The samples of milk sent to the Public Analyst in connection with the complaints of alleged adulteration were reported to be satisfactory. Full investigations were made regarding the dirty milk bottles, and the responsible dairymen were cautioned as necessary. The complaint that a bottle of milk contained a foreign body was found to be unjustified.

B. ICE CREAM.

(i) Registration.

The number of premises on the register at the end of the year is shown in the following table :-

Type of Registration	Number
Manufacturers ...	24
Vendors ...	457
Total	<u>481</u>

No new applications were received, and one factory closed down during the year. The number of vendors has, during the same period, increased by 47.

Heat treatment, which is obligatory save where a complete "cold mix" is used, is employed by all save one manufacturer, and the necessary indicating and recording thermometers are provided. All the premises and equipment are of modern design and satisfactorily maintained.

Five manufacturing firms supply considerable quantities of ice cream to retailers situated in areas outside the Borough.

Seven firms are registered in respect of sixteen mobile vans for the sale of ice cream - a requirement of the Corporation's Act of 1947 - all vehicles are provided with sinks and hot and cold water supplies.

A total of 1752 visits to ice cream premises was made during the year.

(ii) *Bacteriological Examination.*

Four hundred and thirty-six samples were submitted to the Public Health Laboratory for examination by the Methylene Blue Reduction Test, and were classified in accordance with the standards suggested by the Ministry of Health, as follows:-

<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
374	34	5	23

Samples falling in categories 3 and 4 are considered to be unsatisfactory.

Investigation of the possible causes of contamination was carried out on the premises from which unsatisfactory samples were obtained, and advice given. In two instances where the sources of contamination were obscure, the Director of the Public Health Laboratory visited the factories with me to investigate conditions and methods there.

The practice of giving short talks to members of the staff at the firms' premises has been continued.

(iii) *Chemical Analysis.*

The following table summarises the fat content of the 47 samples of ice cream submitted to the Public Analyst for analysis:-

<i>Percentage of Fat</i>	4%	5%	6%	7%	8%	9%	10%	11%	12%	13%	14%
No. of samples ...	2	4	4	5	7	4	11	7	2	-	1

(iv) *Ice Lollies*

Sixty-seven samples were submitted to the Public Health Laboratory for examination. Sixty-one were reported to be satisfactory. As regards the six samples reported to be unsatisfactory, further samples were procured, which later were reported as being satisfactory.

C. ARTIFICIAL CREAM.

Thirty-seven samples were submitted to the Public Health Laboratory for bacteriological examination; all were reported as being satisfactory.

D. MEAT.

(i) *Slaughterhouses.*

The home-killed meat sold in the Borough comes mostly from animals dealt with at a Ministry of Food Slaughterhouse in the area of a nearby authority whose inspector is assisted in making post mortem examinations by the Council's qualified meat and food inspectors. Under these arrangements, all animals are inspected, no diseased meat reaches retailers, and all sound meat is conserved. To do this involved 418½ hours of overtime duty by the Council's food inspectors, to whom no additional payment is made.

During the year the carcasses and organs of 13,602 animals were slaughtered and examined at the Ministry of Food slaughter-house as detailed below.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,220	634	495	4,435	5,818
Number inspected	2,220	634	495	4,435	5,818
<i>Tuberculosis Only</i>					
Whole carcasses condemned.	6	12	-	-	20
Carcasses of which some part or organ was condemned	219	123	-	-	78
Percentage of the number inspected affected with Tuberculosis	10.14	21.29	-	-	1.68
<i>All Diseases except Tuberculosis</i>					
Whole carcasses condemned	-	5	2	6	114
Carcasses of which some part or organ was condemned	658	185	2	165	379
Percentage of the number inspected affected with diseases other than Tuberculosis	29.64	29.97	.81	3.86	8.47

Thirty-eight specimens were submitted to the Public Health Laboratory for examination.

Cysticercus Bovis.

We continued to pay special attention to the detection of cysticercus bovis during the year. Twenty-nine cases were diagnosed and the carcasses were dealt with in accordance with official policy.

(ii) Slaughter of Animals Act.

Eight applications for renewals of licences to slaughter animals in slaughterhouses were received, all of which were granted.

E. SHELLFISH.

(i) Cockles.

During the year, 491 samples of cockles were submitted to the Public Health Laboratory for bacteriological examination. The Director, Dr. R. Pilsworth, has continued to apply his modification of the Methylene Blue Reduction technique to the examination of cockles. Some difficulties have arisen from the use of the term "unsatisfactory". Dr. Pilsworth's work is new, and time and experience are required to establish standards which are at once possible of attainment and of significance to public health administrators. The distinction between "satisfactory" and "unsatisfactory" samples is quite arbitrary and it must not be assumed that all, or indeed any, unsatisfactory samples necessarily involve a risk of food poisoning.

Of the 491 samples examined, 311 were reported to be satisfactory and 180 unsatisfactory.

The sampling was arranged so as

- (a) to provide a check on the various stages of production, and
- (b) to measure the deterioration which occurs during retail handling.

Samples were obtained from the producers' sheds, and the following day the stocks of the retailers supplied from them were sampled.

The following table shows the relationship between the producers' and retailers' samples. It can be assumed that in general the linked results relate to the same product in different stages of its handling.

Of 184 samples, 14 taken from retailers were better than the producers' grade, and 46 were lower, the same grade being maintained in the remaining 124.

As in previous years, the results show that with the advent of the summer months the average grading falls, only to rise again in the autumn.

Shed	Producers No. of samples	Shop No.	Retailers		
			Same	Grades Higher	Lower
A	29	(1	12	—	2
		(2	12	1	2
B	20	(3	19	—	—
		(4	1	—	—
C	12	(5	6	2	4
D	62	(6	24	5	6
		(7	—	1	—
		(8	5	—	3
		(9	2	1	2
		(10	1	—	1
		(11	2	—	1
		(12	1	—	—
		(13	2	—	—
		(14	2	—	3
E	2	(15	2	—	—
F	18	(16	9	2	3
		(17	1	1	1
		(18	1	—	—
G	28	(19	14	—	12
		(20	—	—	1
		(21	1	—	—
H	13	(22	7	1	3
		(23	—	—	1
		(24	—	—	1
	<hr/> 184		<hr/> 124	<hr/> 14	<hr/> 46

In addition, 39 samples were taken at the cockle sheds at various stages of processing; the results of these are as follows:-

	Satisfactory	Unsatisfactory
Raw	6	8
From steriliser	15	3
Tank under sieve	3	4
	<u>24</u>	<u>15</u>

F. UNSOUND FOOD.

In addition to the carcasses, etc. condemned at the slaughter-house, the undermentioned foods were voluntarily surrendered as being unfit for human consumption:

Canned goods ...	19,031 tins
Fresh food	
Meat ...	8,269 lb
Fish ...	359 stones
Vegetables and Fruit	781 lb
Miscellaneous ...	5,098 lb

Foodstuffs damaged by the flooding resulted in 14 tons being surrendered.

All condemned food is dealt with at the Council's refuse tip.

G. FOOD HYGIENE.

Most contraventions of the Food and Drugs Act 1938 are readily put right, but in 15 instances reports were submitted to the Health Committee, after which the contraventions were remedied without recourse to legal proceedings.

Thirty-four rinsings and swabs of food containers etc., were submitted to the Public Health Laboratory; thirty-one were reported to be satisfactory. Improvement in the routine of sterilisation and storage of the containers was secured where necessary, and subsequent tests were reported to be satisfactory.

Five thousand, nine hundred and thirteen inspections have been made during the year, of premises where food is prepared, stored, or sold, as follows:-

Restaurants, cafés, etc. ...	1,731
Ice cream premises ...	985
Shellfish premises ...	569
Butchers' shops ...	463
Provision shops ...	457
Fish shops ...	381
Bakehouses ...	269
Greengrocers ...	253
Flour confectioners ...	287
Provision warehouses ...	258
Other food premises ...	260
	<u>5,913</u>

H. COMPLAINTS AS TO FOOD AND FOOD PREMISES.

Fifty-six complaints were received relating to food or food premises; these have been summarised as follows:-

Food

Alleged to be -				
Unfit for human consumption	...	...	28	
Containing foreign bodies	...	...	12	
Adulterated	...	...	<u>4</u>	44

Milk

Adulterated	...	...	5	
Dirty milk bottles	...	...	3	
Foreign body in milk	...	...	<u>1</u>	9

Food Premises

Dirty condition of	...	...	2	
Dirty utensils	...	...	<u>1</u>	<u>3</u>
				<u>56</u>

Of the 28 complaints about food said to be unfit for human consumption, 25 were considered to be unjustified. Of the latter, 11 related to meat and poultry. Of the three at fault, one related to a slight mould on the cream of a biscuit, and although this could not be said to make the product unfit for human consumption, the manufacturer withdrew the whole of the remainder of the consignment from sale. One was of butter, which upon examination was found to be slightly rancid. The retailer withdrew the remainder of the consignment from sale and returned it to the manufacturers. In the last instance, some meat which had a peculiar smell, a close inspection of other meat in the shop failed to reveal any further stocks affected in a similar manner.

Of the 12 allegations of foreign bodies in food, only 2 were justified, one of these being due to the presence of maggots in a sealed packet of food, and the other to stones in a currant biscuit.

As regards the complaints alleging adulteration of food, in each case a portion of the article was produced by the complainant and forwarded to the Public Analyst who reported that it was genuine.

The complaints relating to milk are dealt with under heading "A. MILK. (iv) *Inspections and Complaints.*"

The two complaints alleging that shops were in a dirty condition were found to be unjustified, as also was the allegation that dirty utensils were being used in a restaurant.

Special examination of a stock or consignment of food.

In one case a consignment of 480 tins of cherries was surrendered and destroyed after an informal sample of the same had been submitted to the Public Analyst, who reported that they contained sulphuretted hydrogen.

In another instance, 24 tins of fish spread were surrendered and destroyed after the Public Analyst had reported that a sample of this contained 900 parts per million of tin.

I. BAKEHOUSES.

The number of bakehouses on the register at the end of the year was 46; this was two less than last year. A total of 279 visits was made to these premises, in the course of which eleven contraventions of section 13 of the Food and Drugs Act 1938 were found. Five of these were remedied on notice being called to them. In the remaining six cases it was necessary to resort to formal action before the contraventions were remedied. The standard of cleanliness in bakehouses is generally satisfactory.

J. REGISTRATION OF HAWKERS AND THEIR PREMISES.

Registration required under the Council's private Act of 1947 ensures the adequate supervision of food on sale by hawkers, and of the premises used by them for the storage of their wares. It also enables the Council to require that food is retailed only from suitable vehicles provided with the requisite facilities for hand washing

Eight applications for registration were received from hawkers; one was refused as no provision was made to ensure the proper cleansing of utensils.

K. SAMPLING OF FOOD AND DRUGS.

(i) Samples of Food Analysed.

Nature of Sample	Number
Milk	200
Ice cream	47
Pastes, spreads, sauces, soups, etc.	35
Cake and pudding mixtures	16
Alcoholic drinks	6
Dried fruits, cut peel etc.	6
Essences	5
Cream	5
Pepper	5
Tea	4
Jams, jellies, preserves ...	4
Tinned fruits	3
Ground coconut	3
Flour	3
Non alcoholic drinks	3
Nutmeg	2
Mincemeat	2
Vinegar	2
Sardines	2
Fresh fruits	2
Malt vinegar	2
Lemonade powder	2
Lemonade crystals	1
Coffee	1
Coffee and chicory	1
Cocoa	1
Mustard	1
Ground almonds	1
Christmas pudding	1
Tapioca dessert	1
Macvita	1
Ryvita	1
Chocolate Ryvita	1
Coconut bars	1
Coconut ice	1
Salt	1

Nature of Sample	Number
Pork sausages ...	1
Pork blend sausages ...	1
Cambridge sausages ...	1
Meat ...	1
Tapioca ...	1
Peanut butter ...	1
Bicarbonate of soda ...	1
Fruities ...	1
Ice lolly ...	1
Evaporated milk ...	1
Corned beef ...	1
Coconut flour ...	1
Saccharin tablets ...	1
	<hr/> 386 <hr/>

(ii) *Unsatisfactory Samples.*

Of the samples analysed, fifteen were reported to be not genuine, details of which, and the action taken in regard thereto, are as follows:-

No.	Sample	Formal or Informal	Nature of Adulteration or Irregularity	Observations
391	Milk	Formal	5.0% Deficient in Fat	) Taken at place of delivery. Average milk fat of samples taken from total consignment 3.7%. Farmer cautioned.
397	do.	do.	3.3% do.	
398	do.	do.	11.7% do.	
400	do.	do.	26.3% do.	
401	do.	do.	3.4% do. and 3.3% added water.	) Fined £20 and 5 guineas costs.
402	do.	do.	4.48% Deficient in Fat	
403	do.	do.	5.06% do.	) Fined £20 and 5 guineas costs.
404	do.	do.	4.00% do.	
405	do.	do.	0.95% do.	Cautioned.
492	Tinned cherries	Informal	Contained Sulphuretted Hydrogen	) Remainder of consignment surrendered and destroyed.
494	Ice cream	Formal	1.4% low in milk solids	
628	Icing sugar	Informal	Contained 1.5% calcium phosphate in excess of stated amount	) Manufacturers requested to submit explanation. Remainder of consignment withdrawn from sale.
666	do.	Formal	do.	
694	Fish spread	Informal	Tin 900 parts per million	) Remainder of consignment surrendered and destroyed. Reports forwarded to local authorities in whose areas importers are situated.
726	Pineapple	do.	Tin 380 do.	

L. MERCHANDISE MARKS ACT 1926.

No instances were detected where articles of imported foods were deliberately offered for sale as home grown. Failure on the part of some vendors to mark such food as imported by a show-ticket was fairly common, but when their attention was called to the requirements of the Act, the omissions were immediately rectified.

M. KNACKER'S YARD.

The licence granted by the Council to use premises as a knacker's yard was renewed for a period of twelve months. The yard has been well maintained, and 490 animals, (444 cows, 4 bulls, 3 bullocks, 15 calves, 9 steers, 7 sheep, 4 sows, 2 horses, 1 mare, and 1 pony) were slaughtered there; 165 visits of inspection were made.

N. FACTORIES ACT 1937, AND 1948.

The particulars required by Section 128(3) as requested by the Ministry of Labour and National Service are shown in the tables below.

Inspections.

Premises	No. on Register	Number of	
		Inspections	Notices Served
(a) Factories in which sections 1,2,3,4 and 5 are to be enforced by the local authority	48	71	-
(b) Factories not included in (a) to which section 7 applies	507	843	28
(c) Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises)	-	-	-
Total	555	914	28

Defects found.

Particulars	Number of cases in which defects were	
	Found	Remedied
Want of cleanliness	4	4
Ineffective drainage of floors ...	1	1
Sanitary conveniences -		
(a) insufficient	9	8
(b) unsuitable or defective ...	10	9
(c) not separate for sexes ...	4	3
Total	28	25

Inspections were carried out and the attention of the occupiers drawn to defects and contraventions, mostly at consultations on the premises. Many were remedied without the service of written notices.

Outworkers.

List received from employers and other authorities.

Nature of Work			Workmen
Wearing apparel	...	...	221
Boots and shoes	...	...	2
Lamp shades	...	...	2
Artificial flowers	...	...	3
Brushes	...	...	1
Plastic novelties	...	...	1
Seamoss	...	...	28
Novelties	...	...	32
Art needlework	...	...	1
			<hr/>
			291
			<hr/>

O. SHOPS ACT 1950.

During the year, 1,234 inspections were made under this Act; these included inspections on Sundays under the Sunday Trading Clauses. As a result of these inspections, 173 verbal and 14 written warnings were given in respect of various infringements.

P. YOUNG PERSONS EMPLOYMENT ACT 1938.

Forty-five inspections were made of premises employing young persons, and it is satisfactory to record that no contraventions were found.

Q. PUBLIC HEALTH ACT 1936, SECTION 154.

Legal proceedings were instituted against three men for exchanging toys, etc. for articles of clothing, with children under 14 years of age. The Justices imposed fines of two pounds and ten and pence costs; one pound, and ten shillings with one guinea costs in each case.

R, PUBLIC MORTUARY.

During the year, 210 bodies were received in the public mortuary, where 96 autopsies were performed.

S. DISEASES OF ANIMALS ACTS.

The Chief Sanitary Inspector acts as the inspector of the local authority under the Diseases of Animals Acts.

The veterinary inspections required by the Acts are carried out by the divisional inspectors of the Ministry of Agriculture and Fisheries. There is, additionally, certain local administration of the numerous Acts, Orders, and Regulations.

Three cases of swine fever occurred in the Borough.

T. FERTILISERS AND FEEDING STUFFS ACT 1926.

The undermentioned samples have been taken and submitted for analysis:

	Satis- factory	Unsatis- factory	Action taken
Bone meal	1	1	Retailer cautioned
Unrationed poultry meal	1		
Pig meal No. 1	1		
Superphosphate	1		
Balancer meal		1	Prepacked. Retailer asked for explanation. Results forwarded to local authority in whose area the meal was manufactured asking for investigation to be made at the producer's factory.
Hoof and Horn		1	Prepacked. Particulars forwarded to local authority in whose area the fertiliser was manufactured. Retailer's attention called to deficiency.
Hop manure		1	Nil. Agricultural Analyst reports, "The soluble phosphoric acid is slightly above the limit."

U. METEOROLOGY.

The following information is supplied by the Meteorological Officer:-

Total sunshine for year	...	1573.8 hours
Sunniest day	...	14 hours on June 26th
Sunniest month	...	May
Days with sunshine	...	283 days
Total rainfall for year	...	16.03 inches
Wettest day of year	...	.83 inches on July 31st
Mean temperature	...	51.4°F
Maximum temperature	...	84°F on July 5th and August 12th
Prevailing wind	...	South-west.

REGINALD A. DRAKE,

CHIEF SANITARY INSPECTOR.

THE FLOOD DISASTER. JANUARY 31ST - FEBRUARY 1ST.

The Health Department's wide variety of duties require all the services of its staff, but it must also be prepared to deal with emergencies like outbreaks of infectious diseases and other disasters, a liability which is not taken into account when assessing its staff requirements. Thus the unexpected always interferes seriously with its ordinary work, and imposes weighty burdens particularly on its senior members.

In 1952, outbreaks of poliomyelitis and food poisoning both bore heavily upon us, and, in the year under review, when the flood disaster was followed by a recrudescence of the poliomyelitis outbreak we suffered another serious disturbance of the normal rhythm of our work, the effects of which persisted for a very long time. To record this is not to complain, it is merely desired to draw attention to an aspect of our work which fails to attract the consideration it undoubtedly deserves.

In the small hours of February 1st the police made a telephone enquiry as to the address of the W.V.S. Organiser for the County Borough, from the medical officer of health, informing him that there had been serious flooding on Canvey Island. Reflecting that a large scale disaster so near at hand would necessitate our help, he telephoned the ambulance officer who reported the dispatch, as early as 3.30 a.m., of ambulances in accordance with the mutual aid arrangements with the Essex County Council. The Town Clerk, on being informed of the situation, called a meeting of the chief officers concerned for 9 a.m. The Municipal Health Centre was independently opened at 8.15 a.m. and key staff summoned.

At the Town Clerk's conference some information about the situation locally was available but our eyes and thoughts turned toward Canvey Island, where we thought there would be most need to help. We also expected that those rendered homeless by flooding would find their way to Southend and so arrangements for their reception would have to be made. In addition to offers of assistance by the Town Clerk to the Clerk of the Essex County Council, the medical officer of health assured the deputy chief welfare officer of the County Council of all possible help.

At 10.30 a.m. the Town Clerk, the medical officer of health, the deputy borough engineer and the deputy chief constable went to Canvey Island to offer the resources of the County Borough to those responsible there.

As the day wore on, the Health Department was confronted with two tasks, namely, in the absence of any direct arrangements with the Essex County Council to assist and co-ordinate the help by private individuals and associations in the Borough for the Canvey Islanders and to discharge its responsibilities to its own people.

When the news of the disaster became generally known there was a great and spontaneous response. Boat owners manned small craft

and took part in the work of rescue, others offered clothing and shelter to Canvey Islanders coming into Southend, and the churches, as will be detailed later, did magnificent work in organising rest centres and in billeting them. During the day the Southend hoteliers offered 1,000 beds to the authorities for the accommodation of refugees and, when this became known, your officers, who were unable to obtain consent from the County Council to accept them, had to deal with the mystified frustration of those willing to help in this way, together with the urgent representations of both local authority members and officials in the adjoining area who wanted to use them. This unfortunate situation obtained for several days and has left behind it a persistent feeling of helplessness and disappointment as well as a little resentment that we, who had neither authority nor responsibility, should have been criticised and misunderstood so unjustifiably.

Considerable areas of the town were flooded, in some parts to a depth of from 2 to 3 ft. No one was in serious danger although in some of the roads running from the Eastern Esplanade and in Old Leigh many were stranded in the upper floors of their houses. There was a need for food, warmth, dry clothing and in some cases shelter. Altogether some 600 houses had been affected, the damage in Southchurch being aggravated by the collapse of the boundary wall at the Southend Gas Works, allowing the flood water to be mixed with coke and by-products from the manufacture of gas.

At the Town Clerk's conference it had been decided to utilise as far as practicable, our Civil Defence organisation so that within broad limits we all knew what our responsibilities were to be. Reconnaissance of the flooded areas by the Police, and the Wardens Section in charge of the assistant civil defence officer, provided much detailed information and a ready means of reassuring and advising those cut off or otherwise affected by the flood. The emergency feeding officer arranged with a local firm of caterers to supply during the morning, from insulated containers, a supply of hot drinks in the districts affected. It soon became apparent that rest centre facilities were needed and the personnel of the Welfare Section of the Civil Defence Corps, with the assistance of members of St. Erkenwald's Church, brought the church hall into use for this purpose.

The disaster had interfered with gas supplies and while oil heaters were being obtained from the Corporation's depot, flood victims found warmth in the boiler room of the adjoining church. Blankets, mattresses and other necessities were drawn from Connaught House and preparation made against the coming night. About 40 people were served with hot lunch at the centre by 2.30 p.m., and thereafter many others came for short periods, 34 being accommodated overnight. By Monday afternoon all who used it had either returned to their homes or found accommodation with relatives or friends, so the centre was shut.

Meanwhile the hospitals were receiving from the adjoining parts of Essex the sick, the injured and those suffering severely from exposure to the elements. To make room for them we accepted the transfer of 14 hospital patients to Connaught House where every available corner which could hold a bed was made use of. From Connaught House we sent supplies of clothing which enabled the hospital to discharge the less seriously affected after they had received preliminary treatment. As the day wore on there was an increased realisation of the magnitude of the disaster which had befallen Canvey Island and Great Wakering, and preliminary steps were taken to cope with a large number of refugees from these areas. The chief education officer earmarked certain schools for this purpose and warned essential staff. Members of the Welfare Section were alerted and a request made to the regional officer of the Ministry of Health to supply 1,500 blankets for use that night, Corporation transport being sent to Cambridge to collect them.

My principal lay officer, who is responsible for the day to day administration of our National Assistance Act Part III responsibilities and therefore is in charge of the Welfare Section, having satisfied himself about the situation at St. Erkenwald's, visited church halls where he was informed that people from Canvey Island were being cared for. Extracts from his report made on February 3rd tell the story of what he found.

"The Churches. These have done a magnificent job entirely on their own initiative.

1. St. Clements, Leigh. Rector Revd. J.L. Head,
St. Clements Hall was opened by the Rector and his congregation on Sunday and by Sunday night approximately 350 people had been received there and placed in private accommodation offered by the people of Leigh. He has received many gifts of clothing and food from Leigh residents and at the request of the Local Authority has kept the centre open day and night since, and has undertaken to continue running it as long as is needed. To secure accommodation for this number of people and deal with them so expeditiously with an improvised organisation is a brilliant piece of administration. The public from Leigh have taken a big share in the work here and done a good job.

2. Cliff Town Memorial Church. The Revd. W. Hodgkins, approached direct by a County Councillor, immediately offered all the resources of the church, and by the evening of Sunday had about 50 adults and 40 children established in the halls. These were fed under arrangements made by Mr. Castell, the Corporation catering manager and emergency feeding officer. The Health Department and other Corporation departments made such loans of equipment as they were able.

Yesterday the Revd. Hodgkins found accommodation for all of the remaining people in his rest centre, organised their

transport to private addresses and the centre was closed by last night. Overflow rest centres were operated by arrangement with him at Bournemouth Park Road Congregational Church where a family unit of 18 persons is still being accommodated, and at Chelmsford Avenue Congregational Church, where about 20 people spent Sunday night. They have now also been placed in private accommodation.

3. St. Peter's, Eastbourne Grove. The Revd. L. J. Reading opened the Church Hall on Sunday afternoon as a reception centre where upward of 30 people were received, provided with food and moved into private accommodation offered by parishioners.

The Darby and Joan Clubs. At Avenue Road, flood victims were welcomed, given food and later 38 were placed in hotel beds made available by Southend hotel keepers. The Nelson Road Darby and Joan Club also received people coming into the Borough and through the strenuous efforts of the people of Leigh and the Police they were all placed in private accommodation by Sunday night.

"Sandringham", the hostel provided by the Southend Council for the Welfare of Elderly People, accepted 19 flood victims for short periods until, with the assistance of the department, they secured other accommodation.

It is believed that several other church congregations opened their buildings for short periods as required on Sunday, but did their job so unobtrusively that the authorities have no official information about the help given. Many offers of help were received, in particular the Revd. H. W. Goldsack of Leigh Wesley Church alerted his helpers and made preliminary arrangements to open Elm Road Hall as a Reception Centre should the need arise.

When the "small ships" from Leigh returned with the people they had rescued, they found a friendly reception at St. Thomas's Church Hall, Old Town, and the Wesley Church Hall, New Road - both of which remained open as long as there was any need.

The proprietor of the Boston Hall Hotel offered accommodation and food for "a coach load of people" free of charge, and this offer was passed to the officers in charge of Benfleet rest centre. Approximately 20 persons arrived at this hotel and they were maintained free of charge for several days, returning to the rest centre from whence they came. "

This spontaneous relief work quickly produced, as was only to be expected, a whole host of minor problems, to resolving which, the department used all its endeavours and resources. Help was mostly needed with additional equipment, billeting of the homeless, the provision of transport for the elderly and infirm, special assistance to families with young children, and advice as to the appropriate

statutory authorities to which various individuals should be directed. We also received many gifts of clothing, bedding etc., which we were able, mainly through the Women's Voluntary Services and the local Red Cross Society, to distribute to those to whom they were most useful and acceptable.

Mr. Beasant, who is also in charge of the Ambulance Service, gives the following account of this aspect of our work.

"Ambulance Service. At about 3.30 a.m. on 1.2.53, Chelmsford Ambulance Control sought help under the mutual assistance arrangements as there was considerable flooding on Canvey Island, and they expected a number of casualties. I told them we would help to the limit of our resources, and they asked for two ambulances immediately to be sent to Canvey Island. Two St. John Ambulance Brigade vehicles were sent, and I then called in our own three drivers to stand by their vehicles at Westcliff Hospital. At the request of the County another St. John vehicle was sent to Wakering at 4 a.m. The two at Canvey and the one at Wakering remained on duty there all day conveying casualties to the hospitals, and the Corporation's three ambulances were also used during the day to convey patients from Wakering and Canewdon to the hospitals.

During the afternoon two ambulances were used to convey people rendered temporarily homeless from the area round the Gas Works to the homes of relatives and friends, and to the rest centre at St. Erkenwald's, and during the evening three vehicles went to Canewdon at the request of the County Ambulance Control.

On Monday, February 2nd, two St. John Ambulances were sent to Great Wakering to stand by during the morning, and a further two during the afternoon. During the night of Wednesday 4th/5th, one vehicle was sent to Canvey Island to stand by from midnight until 6 a.m., and two additional vehicles were standing by in Southend ready to move off in case further evacuation of the Island was found to be necessary.

We were able to meet all the requests made by the County, and great credit is due both to the St. John personnel and our own crews, all of whom worked long hours without relief until their jobs were completed. "

In Southchurch the flood waters receded rapidly and we were now concerned to deal with the immediate and remote environmental chaos which had been caused. During the first two weeks of February the Chief Sanitary Inspector's department had made a total of 2,760 visits in the flooded areas alone. In common with other premises, food shops had suffered severely. All stocks were inspected and 14 tons of food accepted for surrender as being unfit for human consumption.

The receding waters had left behind much filth, for the Sewage Pumping Station in this area had been badly affected. The director

of public cleansing undertook the collection of bodies of drowned animals and the flushing of the roadways and pavements with weak disinfectant. Additional fuel supplies were an obvious and urgent need. Your inspectors issued over 400 vouchers to enable these to be obtained and advised as to recipients of free supplies at the expense of the Mayor's Distress Fund. They arranged with the Fire Brigade for the removal by pumping of water lodged under floors and contained by the footings of the houses. The drying of bedding was undertaken at Westcliff and Rochford Hospitals, Connaught House, where the steam disinfectors were operated throughout the whole 24 hours, and at the Thorpe Bay Laundry, the Express Laundry and the Dane Dye Works, Hadleigh. A large covered area was also made available for this at the Destructor Works. The department removed 454 mattresses, most of which it was able ultimately to return. It is, however, doubtful whether this expenditure of effort was really worthwhile because immersion in salt water had so affected the filling material that the mattresses rapidly became hard, lumpy and most uncomfortable.

The chief sanitary inspector reported that in many instances householders had neither the equipment nor the supplies necessary to enable them to clean their houses, and on his advice supplies of mops, pails, floor cloths, scrubbing brushes, brooms, soaps, disinfectants and other cleaning materials were early made available through the relief centre established by the information services under the control of the publicity officer on the Eastern Esplanade. The falling waters left behind a large amount of silt in the drainage system, the interseptor traps being the parts chiefly affected and during the first few days the department, in conjunction with the Borough Engineer's staff, spent a great deal of time supervising the clearing of the drains.

The drying out of houses was very difficult, partly because of the season of the year, and partly because the flooding had been with sea and not fresh water. The Town Clerk was able to arrange with the R.A.F. for the services of two hot air producing machines manned by their personnel. The work of these machines, which was most valuable and which operated from 8 a.m. to 6 p.m. each day, Saturdays and Sundays included, was supervised by your inspectors. They also arranged through the supervisor of home helps for assistance to be given to the old and the infirm who were unable to tackle the heart-breaking job of clearing up after the flood.

Your inspectors, well known and trusted by the inhabitants, were invaluable in advising what was needed, how it could be provided and in reassuring, encouraging and instructing householders in what they should do.

The drying out of furniture was greatly helped by the action of the Director of the Kursaal Estates (Southend-on-Sea) Ltd. who put a large covered area at the disposal of the Corporation for this purpose.

These were the various tasks which fell immediately to the sanitary inspectors' section but it would not be fitting to end the story here. It was a long time before the houses dried out or the full effects of the water on their structure and decoration was apparent. The work of repair and restitution was necessarily completed slowly and by stages, so that for many months afterwards these districts required close and sustained attention from the staff who, in the early weeks, had already devoted their entire efforts to coping with the immediate difficulties there.

This is an account of the work done by the Health Department and so it makes no mention of the leadership of the Mayor, Alderman J.E. Longman, nor the outstanding part played by the Police on Canvey Island and in connection with rescue operations at Wakering; neither does it touch upon the work of the Fire Brigade, which, paradoxically enough, had to deal with fires occasioned from the action of the flood.

The Essex Rivers Board and British Transport Commission had good cause to be thankful for the assistance rendered by the Borough Engineer's Department, his engineering assistants and workmen, and indeed the contribution made by the Corporation generally has not been publicised. It is pleasant to record that from our colleagues in all branches of the Council's service, we had the greatest possible help and co-operation.

Your own staff displayed those high qualities of resource, faithfulness and energy which we have so long come to take for granted and, on looking back on the events of these momentous days, one has good reason to be profoundly grateful for their loyal, willing and untiring service.

The work done by the churches and voluntary bodies generally, rightly earned the highest commendations and respect. It is sometimes salutary for an official to see some aspects of his job carried out with smooth competence by those in a different walk of life, as was done on this occasion.

The generosity of the average man, his willingness to help, and his capacity for improvisation were all emphasised to us anew, and we are left with the comforting assurance that our burden of responsibility in coping with any other disaster will be shared and lightened by all.

The following is included by courtesy of the Town Clerk.

For record purposes, the following meals and provisions were supplied through the Emergency Feeding Organisation.

Church Halls, Rest Centres and Police:

221 breakfasts
340 dinners
375 high teas
1,192 cups of tea.

Ministry of Food Convoy Vans:

36 gallons of tea
9 gallons of meat and
vegetable stew
40 loaves
28 lb jam
10 tins of biscuits
72 lb margarine
122 lb granulated sugar
28 lb tea
61 tins of evaporated milk
48 tins of soup
180 tins of Irish Stew
24 tins of carrots
24 tins of peas

Flood Compensation

Chattels : No. of Claims received and dealt with 503.
 Amount paid £30,706.

Structural: No. of Claims received 456.
 Amount paid £7,637.16.6d. (186 claims).
 No. of Claims outstanding 267 assessed and
 3 awaiting assessment).
 Sum still to be paid £9,047.0.8d. (267 claims).

Trade: No. of Claims received 179
 Dealt with 161
 Outstanding 18
 Amount paid £38,847.

Trade Boats: No. of Claims received and dealt with 12
 Amount paid £704.0.6d.

Private Boats: No. of Claims received 29
 Dealt with 26
 Outstanding 3
 Amount paid £536. 2. 8d.

Beach Huts: No. of Claims received 257
 Dealt with 242
 Outstanding 15
 Amount paid £13,880. 8. 6d.

Caravans:	No. of Claims received	-	7
	Dealt with	-	5
	Outstanding	-	2
	Amount paid		£135.11.6d.

Electrical re-wiring:	No. of Claims received	-	65
	Amount paid		£437.3.6d.

Dependant & Hardship Grants:	£150
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Laundry Chits: £346

Coal: £240

Clothing, furniture and other expenses of urgent rehabilitation: £434

Unclassified: £143

Total number of payments made by Borough Treasurer: 1,271

Total amount paid out by Borough Treasurer on behalf of the Fund	...	...	£94,197
Amount in hand	...	...	6,844
			<u>£101,041</u>

Income:			
From local appeal	...	...	£16,041
From National Fund	...	...	<u>85,000</u>
			<u>£101,041</u>

NATIONAL HEALTH SERVICE ACT, 1946, PART II.

GENERAL MEDICAL AND DENTAL SERVICES

PHARMACEUTICAL SERVICES AND SUPPLEMENTARY OPHTHALMIC SERVICES.

The Services provided under Part II of the Act are controlled by the Local Executive Council, a Statutory body appointed by the Ministry of Health. Certain members of the Town Council continue to serve on the Local Executive Council, and there is a very pleasant relationship between these bodies.

Once again the kindness of the Chairman allows me to set out the statistics relating to this important work.

STATISTICAL DATA

	Year ended 31.3.52	Year ended 31.3.53	Year ended 31.3.52	Year ended 31.3.53
GENERAL MEDICAL SERVICE				
Number of principal practitioners included in the List	...	71	...	73
Number of assistant practitioners employed by principals	...	7	...	5
Number of persons included in Doctors' Lists	...	150,100	...	147,908
Number of persons registered as temporary residents	...	5,121	...	5,588
Total gross payments made to practitioners for General Medical Service			£127,492	£239,271 (inc. £112,134 Danck. Award.)
Total gross payments made to practitioners for mileage				
Total gross payments made to practitioners for Drugs	...		352	353
Total payments made to practitioners opting out of the Superannuation Scheme	...		200	202
Superannuation, employer's contributions			1,403	2,649
			5,627	10,169
MATERNITY MEDICAL SERVICE				
Number of practitioners included in the separate List	...	45	...	45
Total gross payments made to practitioners for Maternity Medical Service			8,656	9,718
TRAINEE ASSISTANT PRACTITIONERS				
Number of assistant practitioners	...	-		-
Total amount paid to employing principals	...		-	-
DENTAL SERVICE				
Number of dentists included in the List	...	41	...	38
Number of Assistant Dentists included in the List	...	6	...	7
Total gross payments made to Dentists in the year	...		146,975	114,682
Total gross payments made to Dentists opting out of the Superannuation Scheme	...		464	515
Superannuation, employer's contributions	...		4,864	4,706
Total amount of Statutory charges to patients	...		8,942	30,701
SUPPLEMENTARY OPHTHALMIC SERVICES				
Number of Opticians included in the List	...	25	...	25
Number of Ophthalmic Medical Practitioners in the List	...	4	...	4
Number of dispensing opticians included in the List	...	5	...	5
Number of sight-tests authorised up to 31st March, 1953:	121,744			
Number of cases dealt with up to the 31st March, 1953, where				
one pair of glasses supplied	...			
two pairs of glasses supplied	...			
three pairs of glasses supplied	...			
bifocals supplied	...			
one lens supplied	...			
(a) Total amount paid to the Profession	...		43,785	33,732
(b) Total amount of refunds of deposits to patients	...		232	284
(c) Total amount of Statutory Charges to patients	...		12,496	21,669

STATISTICAL DATA cont.

	Year ended 31.3.52	Year ended 31.3.53	Year ended 31.3.52	Year ended 31.3.53	Year ended 31.3.52	Year ended 31.3.53
PHARMACEUTICAL SERVICE						
Number of Pharmacists included in the List	55	54		
Number of Pharmacists' establishments included in the List	61	62		
Number of Drug Stores included in the List	3	3		
Number of Appliance Suppliers included in the List:						
Distributors	21	23		
Manufacturers	7	7		
Total amount paid to the Profession			£189,053	£172,382
Amount of Statutory Charges to Patients				19,112
ADMINISTRATION						
Number of permanent staff employed	16	15		
Number of temporary staff employed	-	-		
Number of part-time staff employed	1	-		
ACCOUNTS						
Total gross salaries and overtime			6,832	6,054
Insurance contributions, employer's share			184	163
Rent, rates, lighting and cleaning			316	327
Stationery and printing			562	465
Postage and telephones			700	693
Office Decorations and Repairs, etc.			4	104
Office Equipment			40	33
Travelling expenses and subsistence			13	31
Drug Testing			49	43
Subscription to Association of Executive Councils			10	10
Incidentals			13	12
Employers' Superannuation Contributions			422	404
					<u>£9,145</u>	<u>£8,339</u>

SUMMARY OF EXPENSES

General Medical Services	...	...	135,074	252,645 (inc. Drugs)		
Maternity Medical Services	...	...	8,656	9,718		
Trainee Assistants Practitioners	...	...		-
Dental Service	...	...	152,303	119,903		
Statutory Charges to Patients	...	...		-		30,701
Supplementary Ophthalmic Service	...	...	44,017	34,016		
Statutory Charges to Patients	...	...				21,669
Pharmaceutical Services	...	...	189,053	172,382		
Statutory Charges to Patients	...	...				19,112
Administration	...	...	9,145	8,339		
Superannuation Refunds to Medical Practitioners	...	...		218		
Grand Total			<u>£538,248</u>	<u>£597,221</u>	<u>£21,438</u>	<u>£71,482</u>

NURSERIES & CHILD MINDERS (REGULATION) ACT, 1948.

Arrangements under this Act were fully described and discussed in the Annual Report 1950, pp 81 and 82. No serious contraventions were found during the year, and conditions were generally reported to be satisfactory.

Registration of Premises (Sect.1 (1) (a)).

Registrations in force January 1st, 1953	...	...	2
Registrations in force December 31st, 1953	...	...	3
Applications not proceeded with	...	...	1
Total number of children "permitted"	...	...	62
No. who ceased attendance at registered premises	...	...	28
No. who commenced attendance at registered premises	...	...	77
Children under supervision during year	...	...	105
Total visits of inspection	...	...	32

Registration of Persons. (Sect.1 (1) (b)).

Registrations in force January 1st, 1953	...	...	32
Registrations made during year	...	...	15
Registrations cancelled by consent	...	...	15
Registrations in force December 31st, 1953	...	...	32
Applications withdrawn	...	...	15
Applications refused	...	...	1
No. of children "permitted"	...	...	321
No. of children "placed" with minders	...	...	211
No. of children "withdrawn" from minders	...	...	105
Total children under supervision during year	...	...	316
Total visits of inspection	...	...	219

CHILDREN IN NEED.

The joint circular of July 31st 1950 concerning "children neglected or ill-treated in their own homes" has been reported on in the Annual Report for 1951 (p.101 et seq). During the year we were joined by Miss D.L.Freeman-Browne, psychiatric social worker at the Child Guidance Clinic, because increasingly we discovered that we needed the advice of the Child Guidance team to assist us.

Meetings were held regularly throughout the year, and the attendances there were well maintained. The circumstances of 84 families were reviewed on 201 occasions.

CREMATORIUM.

The new crematorium was opened in March on the site opposite the entrance to Sutton Road Cemetery, formerly occupied by the smallpox hospital.

There are two gas-fired cremators, with provision for a third unit in the future. Up to the end of 1953 there were 583 cremations. It is expected that the demand will grow, now that facilities are available locally. Hitherto cremations from this area have been undertaken at Ilford, the City of London Crematorium and Golders Green.

The medical officer of health and the deputy medical officer were appointed medical referee and deputy medical referee respectively.

NATIONAL ASSISTANCE ACT, 1948.

The Health Committee is responsible for all the Council's duties under this Act save the disposal of the dead. The day to day administration is undertaken by Mr. E. A. Beasant, Principal Lay Officer and Chief Clerk in the Department, to whom I am indebted for the following report, which in itself is the best commendation and commentary on his work.

"RESIDENTIAL ACCOMMODATION.

Accommodation for those who, on account of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them, has continued to be provided mainly at Connaught House and at Crowstone House which was brought into use on April 8th, 1953. This is supplemented by the fullest use of homes, both general and special, provided by voluntary organisations.

Some residents live in other local authority homes and hostels. Although a few of them have obtained admission there in order to be near relatives or for some other special reason, the majority for whom the local authority are responsible are those who found their way into this accommodation as a result of the movement imposed by the war.

The tables which follow show very clearly what changes have been made since the Health Committee became responsible for this work and in particular the growing use made of voluntary homes provided under Section 26.

Accommodation provided pursuant to Part III of the National Assistance Act, 1948.

Accommodated in:	Persons resident on:						
	5.7.48	1.1.49	1.1.50	1.1.51	1.1.52	1.1.53	1.1.54
Connaught House Borough ...	213	222	227	230	243	288	282
Crowstone House ...	-	-	-	-	-	-	47
Other Local Authorities' Homes	25	28	31	30	33	20	15
Voluntary Homes under Sec. 26 ...	2	1	37	38	41	43	53
Homes for Epileptics ...	3	3	3	4	4	4	4
Homes and Hostels for the Blind ...	13	15	14	13	6	2	1
Mental After Care Homes ...	5	8	5	5	1	1	1
Total	261	277	317	320	328	358	403

Persons maintained by Local Authority in
Part III Accommodation during 1953.

Accommodation provided in\	Resident on 1.1.53		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.53	
	M	F	M	F	M	F	M	F	M	F
HOMES OF LOCAL AUTHORITY:										
Connaught House, Rochford ...	87	201	71	160	65	162	3	4	90	195
Crowstone House, Westcliff-on-Sea ...	-	-	-	52	-	4	-	1	-	47
HOMES OF OTHER LOCAL AUTHORITIES:										
East Ham County Borough Council ...	1	-	-	-	-	-	-	-	1	-
Essex County Council	3	3	-	1	3	3	-	-	-	1
Isle of Ely County Council ...	-	1	-	-	-	-	-	1	-	-
Kesteven County Council ...	3	-	-	-	-	-	-	-	3	-
London County Council	1	1	-	2	-	1	-	-	1	2
Norfolk County Council ...	-	6	-	-	-	-	-	1	-	5
Surrey County Council	-	1	-	-	-	-	-	-	-	1
Middlesex County Council ...	-	-	1	-	-	-	-	-	1	-
HOMES FOR EPILEPTICS:	-	4	1	-	1	-	-	-	-	4
HOMES AND HOSTELS FOR THE BLIND:	1	1	-	-	-	-	1	-	-	1
MENTAL AFTER CARE HOMES:	-	1	-	-	-	-	-	-	-	1
VOLUNTARY HOMES UNDER SECTION 26:										
Sandringham ...	6	14	2	5	1	1	1	3	6	15
Dowsettholme ...	-	5	1	4	-	1	-	4	1	4
St. Martins ...	-	10	-	5	-	3	-	1	-	11
Rest Haven ...	-	2	-	1	-	-	-	-	-	3
Methodist Homes for the Aged ...	-	1	-	-	-	-	-	-	-	1
Old People's Home, Reigate ...	-	1	-	-	-	1	-	-	-	-
People's Housing Trust Ltd. ...	-	1	-	-	-	-	-	-	-	1
The Lindens, St. Leonards-on-Sea ...	-	1	-	-	-	-	-	-	-	1
Docklands, Ingatestone	-	1	-	-	-	-	-	-	-	1
Wittington, Medmenham	-	1	-	-	-	-	-	-	-	1
Inglewood, Alloa ...	-	1	-	-	-	-	-	-	-	1
Cripplecraft, Herne Bay	-	-	-	1	-	-	-	-	-	1
Home for Aged Jews, London, S.W. 12 ...	-	-	-	2	-	-	-	-	-	2
Blenheim House, Oldham	-	-	-	1	-	-	-	-	-	1
Alver Bank, London, S.W. 4.	-	-	-	1	-	-	-	-	-	1
Pembroke House, Gillingham ...	-	-	1	-	-	-	-	-	1	-
Ripon Lodge, London, S.E. 5. ...	-	-	1	-	-	-	-	-	1	-
Singholm, Walton-on-Naze ...	-	-	-	1	-	-	-	-	-	1
W.V.S. Old People's Residential Club, Hampstead, N.W. 3 ...	-	-	-	1	-	-	-	-	-	1

To have been able to find accommodation for an additional 142 persons in 5½ years is an achievement upon which the Committee might well congratulate itself.

Applications for admission to Part III accommodation continued to exceed materially the vacancies available, and no falling off in the demand can be expected during the next 20 years because the proportion of the aged in the population must become higher at the same time as the inclination and ability of their relatives to undertake their care will lessen.

Admissions continued to be restricted to those for whom it is impossible to make reasonable alternative arrangements at home, and many who would otherwise have to be admitted either to beds for the chronic sick in a hospital or to part III accommodation are, with assistance from the home help scheme or the home nursing scheme or the combined efforts of both, retained in their own homes for considerable periods. The Council decided on its present administrative arrangements because the need for integrating completely domiciliary and residential services was appreciated. Events have demonstrated how wise this decision was and how important it will be for the future.

CROWSTONE HOUSE.

Crowstone House first accepted residents on April 8th.

The nearby "City" or "Crow Stone" marks a former limit of the P.L.A. jurisdiction and gave its name to the house which was built in 1906. Within a few years it was occupied by "Crowstone House School", when the gymnasium, later to prove important in planning the Hostel, was added. For ten years before the outbreak of war in 1939 Crowstone House was the "Crowstone Home for the Blind", after which it was occupied by the Armed Forces.

The Ministry of Health Circular "Care of the Aged" 1947 led the former Social Welfare Committee to appoint a special sub-committee consisting of the late Alderman W.H. Calvert (Chairman) Mrs. Alderman C. Leyland, O.B.E., and the late Alderman S. Lewis to advise about the development of Hostels for the Aged, and on their recommendation it was decided in October 1947 to acquire the premises.

Before the Social Welfare Committee went out of office in July 1948, preliminary plans for adaptation had been prepared, but in a period of rapid change they ceased to satisfy the Residential Accommodation Sub-Committee of the Health Committee, and successive amendments were made. By the middle of 1949, a scheme which involved the splitting of some of the principal rooms into dormitory cubicles to accommodate some 37 residents, after being approved, was later rejected as not adequately fulfilling hopes and intentions.

A mezzanine floor in the gymnasium to allow a liberal provision of single rooms was suggested in a new layout of June 1950

to accommodate 47 residents. The bill of quantities was completed by the end of March 1951 when tenders were invited.

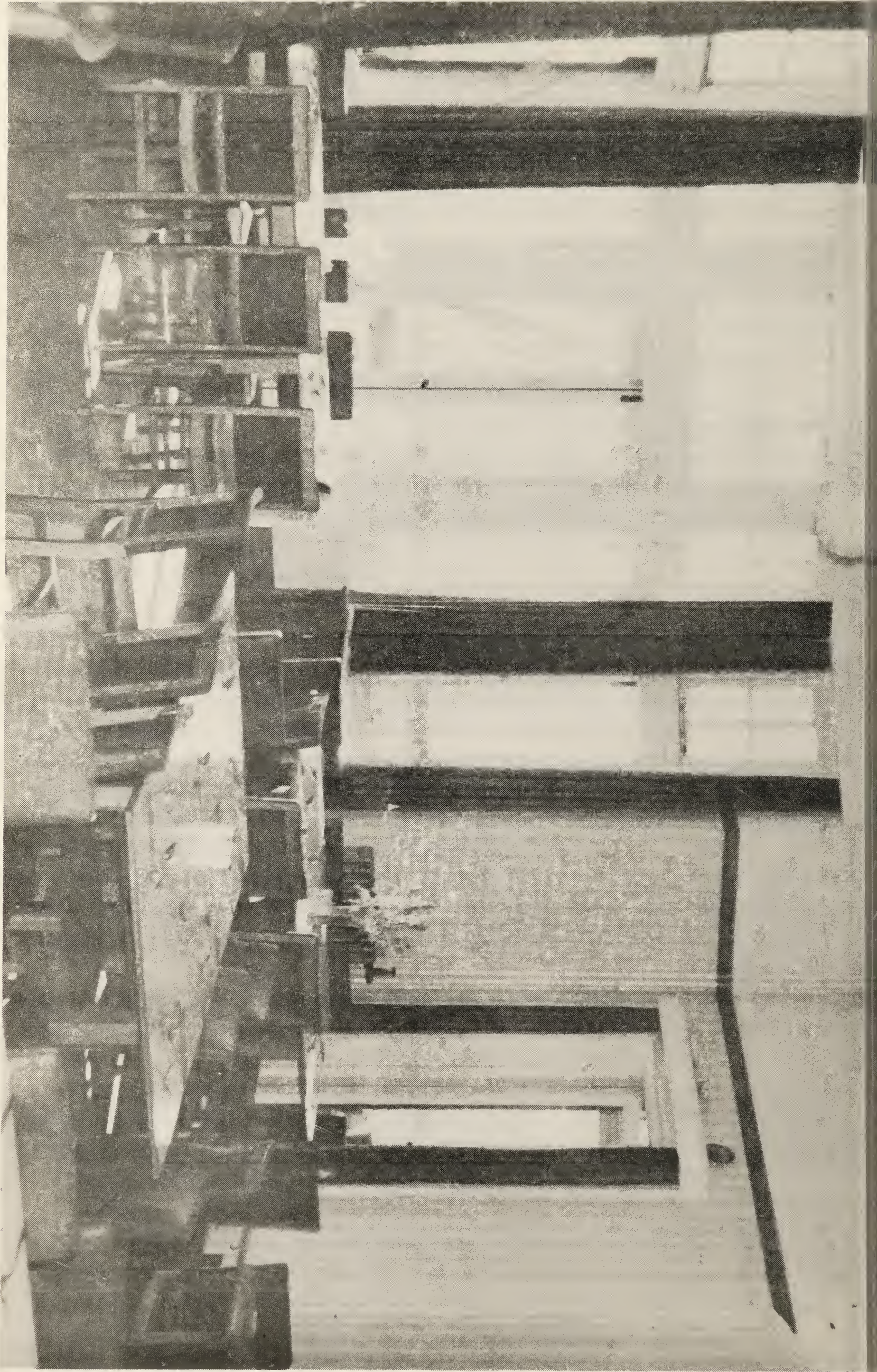
By this time overcrowding at Connaught House had become so urgent that it was imperative for the new Hostel to afford some relief by accepting residents from there. It was, therefore, decided, somewhat reluctantly, to omit some of the proposed partition walls so as to reduce the number of single rooms from 39 to 22 in favour of more multi-bedded rooms. This increased the numbers to be accommodated to 55, and allowed of the reception of those whose condition made them unsuitable to occupy a single room, an alteration which has been fully justified by subsequent experience.

The large contract for the adaptation of the building, awarded to the Works Department of the Corporation, was its first large job after reorganisation, and when, after several postponements had been imposed by the economic difficulties of the times, work was begun in February 1952, the craftsmen employed there responded to the challenge, and only those who watched the detailed progress of the job know how much it owes to their enthusiasm and goodwill.

The Hostel is equally suitable for occupation by one or both sexes. The full complement of single bedrooms as originally planned can be restored by nothing more than the erection of the necessary partitions. The sitting-rooms look out on the Front and the ever-changing panorama of the river affords perennial interest to residents. The kitchen gave considerable difficulties in planning which were successfully overcome by the advice of our catering manager. A sick bay with an adjoining sluice room, accommodates 3 beds, and although a lift has not been installed the shaft has been included in the scheme. Care has been taken to reduce domestic work, and the provision of fitted carpets in most of the building has been with this object. The furnishings and colour scheme strike a pleasant note of modernity and ensure variety throughout.

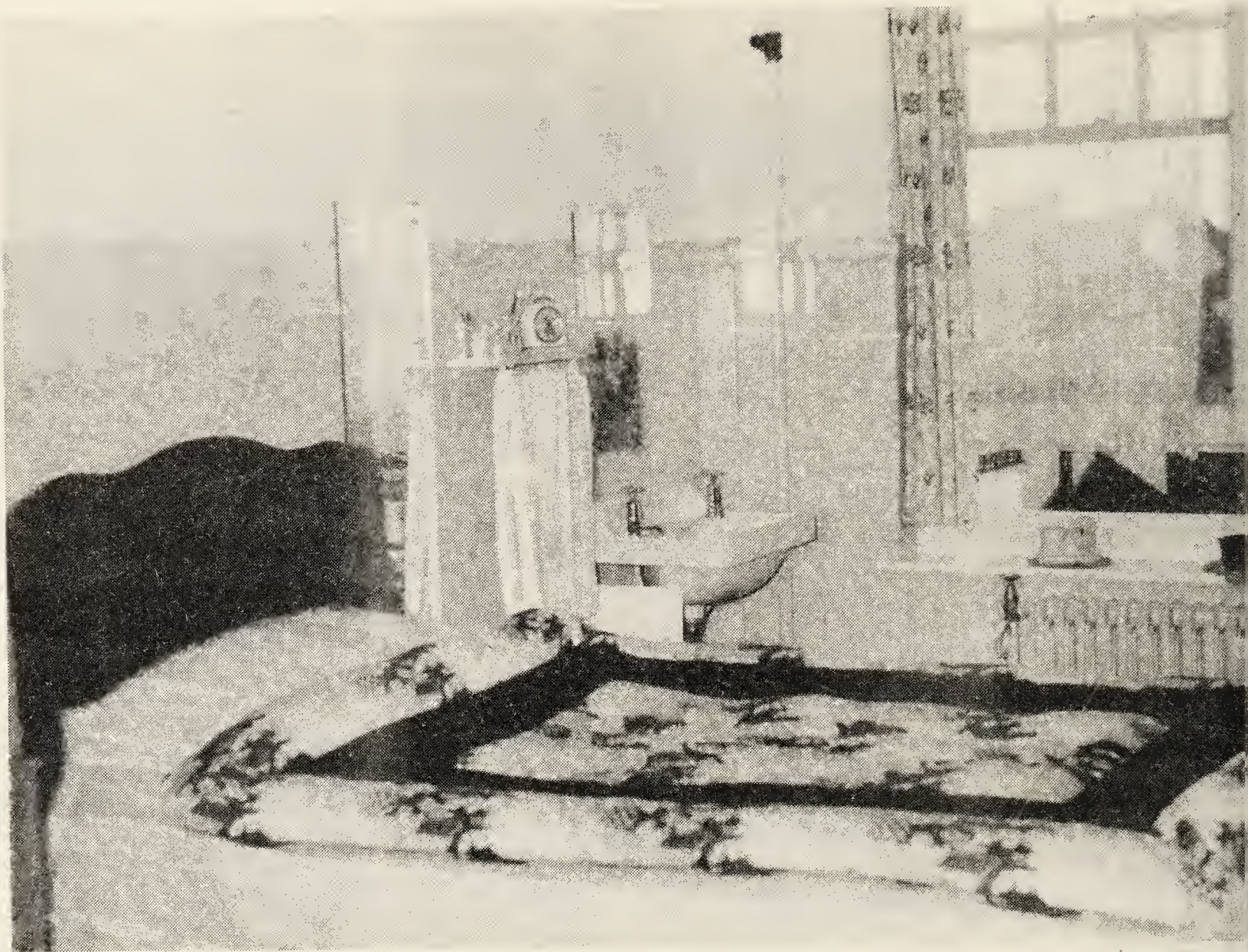
In the painstaking and sympathetic selection of the first residents, care was taken to choose as many as possible from Connaught House. The kindly and understanding regime of the Hostel, its site and high standard of amenity, have increased both the activity and interest in life of many residents, and it has proved possible acceptably to accommodate there a degree of incapacity and infirmity much greater than we hoped to do. This is, of itself a vindication of the policy of the Committee in making provision which is not markedly inferior in amenity and comfort to a modest hotel.

Cost			
	Land	...	£3,864
	Building	...	£6,056
	Adaptations	...	£19,524
	Furnishings	...	£9,200



THE WINDOW OF THE DINING ROOM COMMANDS
EXTENSIVE VIEWS OF THE THAMES ESTUARY.





THE SINGLE-BEDDED ROOM, THE OCCUPANT OF WHICH IS CLEARLY VERY MUCH AT HOME.



THE DOUBLE-BEDDED ROOM; THERE IS NOTHING "INSTITUTIONAL" IN THE FURNISHINGS.

As has already been mentioned, Crowstone House is suitable for occupation by either sex or both at the same time, and it may well be that future time will see some changes there. To meet our most urgent needs however it required to be used solely for women, 14 of whom were transferred from Connaught House at the opening. During the year another 16 women came from Connaught House and 22 were admitted directly from their home addresses. Four residents left and one died during the year so that on December 31st 47 women were in residence, their ages being as under:-

Under 70	70	79	80	89	90 and over
8	20		15		4

Crowstone House residents and their matron have rapidly formed a distinctive community which has made a niche for itself in Westcliff and has in turn been made welcome by the residents there, particularly the Vicar and congregation of St. Saviour's Church. The special festivities organised to commemorate the Coronation of Her Majesty the Queen seemed to have given a very valuable impetus to the creation of this community spirit and to have engendered desire on the part of the residents, not only for self-help, but for assistance to others less fortunately placed than themselves.

The Committee can look back on these first nine months as providing ample vindication of their faith in the scheme and of their choice of matron.

CONNAUGHT HOUSE.

The most spectacular event of the year was the tearing down of the old centre block which built in 1837 as one of Chadwick's new model workhouses, had long since ceased to provide accommodation of any acceptable standard and had masked and shut in the new buildings provided by the Council in the decade before the war. As was explained in my previous report, the clearing away of this old building involved the re-building of the ward kitchens of the new block, and the opportunity was taken of making the new floors on the same levels as those of the wards and landings. The imagination boggles at the tides of unfortunate humanity which have washed through the old building and the sum of human misfortune and frustration, disappointment and failure, which its walls have contained and sheltered. It is equally difficult to grasp the significance of the immense changes in outlook of the community and its administrators which have taken place in the same time, or the great reforms and immeasurable progress which are to be noted. Nevertheless it was with great satisfaction that we saw this building come down brick by brick, to provide a spacious outlook for the new buildings, and one perhaps which is not without its symbolism for the future.

It is however, not sufficient to provide good and convenient buildings, in fact these are among the least important matters for

the old. Their greatest need is for sensible and willing help, for a kindly and reasonable regime. They need to be encouraged to keep wide open the windows that look out upon a world which is rapidly shrinking and receding from them and to be encouraged to keep alert their minds as well as their bodies. In short, to be aided to make the burden of their years as light as possible.

To accomplish this calls for adequate staff, suitably encouraged and directed, who are satisfied with their employment and who are willing to give of their best. These objects **have** been fostered by the various changes which the Committee have inaugurated in recent years and which are still going on. At the same time, although hampered by considerable over-crowding, there has been a steady improvement in the level of amenity and comfort provided, while the continued success of occupational and diversional therapy is most encouraging. For the Committee to look back over these recent years is to discern progress which must at the same time stimulate as well as satisfy, stimulate because there is still so much to do, and satisfy because policies have been shown to be fruitful and correct.

Connaught House has a large number of friends but few have been so faithful or so useful as Toc H. In particular the regular film shows given by the South East Essex District Toc H Film Unit and the personal efforts of the members of the Rochford and Southchurch Branches leave the residents and the Committee alike most deeply indebted to them. The special arrangements made to mark the Coronation of Her Majesty the Queen were gratifying to the Committee as they were to the residents themselves, and the strenuous efforts necessary to bring the televised Coronation programme to certain of the wards was well rewarded by the interest and pleasure which this momentous and successful broadcast evoked.

Age of Residents.

At the 31st December, 1953

Under 60	...	28
60 - 69	...	34
70 - 79	...	89
80 - 89	...	133
90 and over		<u>22</u>
		<u>306</u>

Of a total of 306 residents, 135, or 50.6%, were over the age of 80.

Essex County Council Residents.

Reference has already been made to the necessity of over-crowding at Connaught House, and it is therefore natural that we should look with concern at the continued necessity of accommodating Essex County Council residents there so long after the user agreement has terminated. As will be seen from the following Table it was necessary to admit 12 men and 6 women from Canvey Island. This we were very pleased to do, but it is surely significant that the

effective number of Essex residents in your accommodation was only reduced by a total of 6 as compared with the previous year.

As has been suggested previously this is not the only way in which your residents are affected by the actions of another Authority. There is reason to believe that a somewhat similar situation exists vis-à-vis the chronic beds at the Rochford Hospital, and if this be so, it can only lead to difficulties about hospital admission for Southend people.

Resident on 1.1.53		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.53	
M	F	M	F	M	F	M	F	M	F
3	24	12	6	12	12	—	—	3	18

Admissions		Discharges	
M	F	M	F
1 from Rochford Hospital	2 from Rochford Hospital.	1 to Rochford Hospital	6 to Rochford Hospital.
1 from St, George's Hospital, Hornchurch.	4 from Canvey Island. (Flood evacuees)	1 to private address in London.	2 to Eastwood Lodge, Rayleigh Avenue, Eastwood.
10 from Canvey Island (Flood evacuees)		10 to various addresses (Flood evacuees)	4 to various addresses (Flood evacuees)

TEMPORARY ACCOMMODATION.

The report for 1952 contained a discussion of some problems which arise from the provision of temporary accommodation. It was then pointed out that the emergency created by the completely unforeseen and unforeseeable, is the least difficult with which to cope, and merely calls for energy and administrative resource.

On the other hand there are those who are slowly and inevitably extruded from the community, sometimes because of their incapacity to manage their own affairs, sometimes from utter recklessness and, in a minority of instances, from a sustained and persistent attempt to exploit the rest of us to the full. It is for this class of person that we have been unable to find an acceptable solution, and the experience of another year merely confirms the advice and consequences which we have previously reached.

It is believed that our present methods of dealing with this class are, in the long run, as satisfactory as can be devised, but they impose a serious burden on the responsible officers who recognise that the mere provision of a temporary roof will afford no permanent solution of the human problems with which they are confronted, and are equally aware that any error of judgment may bring harsh and ill-informed criticism upon them.

During the year, 42 cases were investigated, and in 22 of these temporary accommodation was provided at Connaught House as under:-

	Length of stay
Individual males ...	3 for 39 days
Individual females ...	9 for 16 days
Couples ...	3 for 13 days
Mother and 1 child ...	3 for 3 nights
Mother and 2 children	3 for 15 days
Two children ...	for 1 night "

NATIONAL ASSISTANCE ACT, SECTIONS 29 AND 30.

BLIND WELFARE.

Voluntary.

At the risk of becoming tedious it is desirable once more to refer to the reasons which led to the setting-up of the Southend-on-Sea Blind Welfare Organisation some years ago. It was then considered that too close an association with a local authority could have a limiting and frustrating effect on voluntary effort and at the same time could suggest that the statutory provision would need no help from it.

The Health Committee having accepted this view proceeded boldly and radically to re-adjust its relations with voluntary effort, which was then attracting but little interest and support. In effect, a challenge was offered to those who were interested in the blind and their welfare, and the not insubstantial reserves which had been garnered and preserved during the war years were made available, and without condition, to those who were willing to use them.

As a result the faith of the Health Committee has been completely justified. The Blind Welfare Organisation has shown a surprising vitality, adaptability and enterprise, and it has succeeded in arousing enthusiasm to a marked degree. If the promise of this splendid beginning is fulfilled, the blind in Southend will have good reason to be grateful to their sighted friends.

The social club, which is one of its main activities, has again concluded a most successful year, providing as it does recreation and entertainment of the kind most appreciated by blind people. The Blind Open Day, organised jointly by voluntary and official bodies, was again held in the club premises, this time on September 17th. At it were demonstrated the skills and part-time occupations of blind people, and their recreations, and apparatus, etc. devised to assist them to fulfil useful lives was exhibited.

This Open Day, which was graced by the presence of the Mayoress, proved of great interest to the large number of members of the public who attended, and did a good deal to further the interests of the organisation and our local blind.

Wireless.

The British Wireless for the Blind Fund supplied 13 new wireless sets during the year as well as 3 H.T. batteries and 3 accumulators which enabled unserviceable sets to be repaired and re-issued. The cost of repairing and maintaining many wireless sets installed in the homes of blind persons was borne by the voluntary organisation and this is, of course, money well spent.

Register of the Blind		Males	Females	Total
Number on Register 1.1.53	...	136	215	351
Left borough during year	...	2	4	6
Died during year	...	13	18	31
Transfers in from other areas		4	10	14
Newly registered during the year		15	22	37
De-certified during the year...		—	1	1
On Register 31.12.53	...	140	224	364
In Homes for the Blind	...	—	1	1
In other Homes including Part III		2	19	21
In M.D. Institutions	...	1	2	3

Register of Partially Sighted		Males	Females	Total
Number on Register 31.12.53	...	26	46	72

Age Periods of Registered Blind Persons

	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Unknown	Total
Males	—	—	—	1	—	1	—	2	3	11	7	23	16	10	66	—	140
Females	—	—	1	1	—	1	—	2	3	6	7	16	12	30	145	—	224
Total	—	—	1	2	—	2	—	4	6	17	14	39	28	40	211	—	364

Age at onset of Blindness

	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Unknown	Total
Males	11	1	—	—	1	1	4	2	16	9	18	16	14	15	32	—	140
Females	15	—	—	—	1	7	—	2	6	3	18	25	24	22	101	—	224
Total	26	1	—	—	2	8	4	4	22	12	36	41	38	37	133	—	364

As is to be expected in an area which has no heavy industries and a disproportionate number of elderly persons, blindness is here chiefly associated with the degenerative processes of age.

All the newly registered who suffered from glaucoma had received some treatment before losing their sight, but they had not invariably sought it as promptly as was desirable; indeed, the facilities which are provided by the National Health Service for early diagnosis and expert treatment of eye conditions, are used by many whose sight is threatened, neither as soon nor as consistently as their own interest demands. The education of the public could do much to ensure the acceptance of treatment, so that when your home teacher faithfully follows up those for whom it is recommended, she may find her charges more receptive of advice.

It has to be remembered however that we are dealing mainly with the elderly and aged in many of whom courage, resolution and persistence wear thin and ultimately fail. To their darkness, which descends slowly, they make instinctive adjustments, and the longer radical treatment is delayed, the harder it is for them to accept the hazards and adventure of operation. Nor should it be forgotten that there can be a vested interest in blindness, so that some cling to a state which brings them so much consideration and kindness, and makes so eloquent a plea for indulgence from other people.

Retrolental fibroplasia

No child suffering from this condition came to notice for the first time during the year.

Forms B.D.8 were received in respect of the following:-

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Certified blind	15	22	37
Certified partially-sighted	12	14	26
Not certified blind or partially-sighted	-	2	2
	<u>27</u>	<u>38</u>	<u>65</u>

Persons whose names were entered on the register of the blind during 1953 were aged

<i>Under 10</i>	<i>41-45</i>	<i>46-50</i>	<i>56-60</i>	<i>61-65</i>	<i>66-70</i>	<i>71-75</i>	<i>76-80</i>	<i>81-85</i>	<i>86-90</i>	<i>91-95</i>
1	2	1	4	1	5	6	6	3	5	3

Causes of Blindness (Persons notified 1953. Total 37).

(i) Primary Cataract. Total 16.

(a) Suitable for surgical treatment, ages

52, 68, 71, 75, 82, 86.

(b) Not suitable for surgical treatment, ages 65, 69, 73, 75,

78, 80, 87, 91, 92, 94.

(ii) Primary Glaucoma. Total 8.

Ages 66, 69, 77, 80, 80, 85, 86, 87.

(iii) Diabetes. Total 5.

Ages 50, 66, 69, 79, 81.

(iv) Errors of Refraction. Total 3.

Ages 41, 60, 86.

(v) New growth. 1 aged 41.

(vi) Local infection. 1 aged 71.

(vii) Injury. 1 aged 73.

(viii) Arterio-sclerosis. 1 aged 57.

(ix) Congenital defect. 1 aged 8.

Partially Sighted.

Persons whose names were entered during 1953 in the register of the partially sighted were aged:-

Under 45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	91-95
2	1	2	3	4	6	2	5	1

Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:-	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	11	8	-	22
(b) Treatment (medical surgical or optical)	12	5	-	4
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment.	7	5	-	4

Ophthalmia Neonatorum.

The prevention of blindness from ophthalmia neonatorum is one of the great triumphs of preventive medicine, and one which is largely unknown. The development of chemotherapy and the antibiotics has made the treatment of this condition easier and more certain, but the battle was won before these new agents were available. It must be nearly a quarter of a century since a child lost the sight of an eye in this county borough, and with vigilance we should be equally successful in the future.

Ophthalmia neonatorum

(i) Total number of cases notified during the year	3
(ii) Number of cases in which:-	
(a) Vision lost	-
(b) Vision impaired	-
(c) Treatment continuing at end of year	-

Work of the Home Teacher.

A total of 667 visits was made to blind persons in their homes, during which 48 lessons in embossed type and 23 handicraft lessons were given.

The handicraft class continued to meet weekly, instruction being given in chaircaning, weaving, netting, string-bag making and

other crafts. At an exhibition of handicraft work by blind persons held at Chelmsford during the year, 15 prizes were received, an achievement which reflects credit both upon the work of the Home Teacher and the class.

Home Workers.

At the end of the year there were 3 home workers in receipt of augmentation of wages, 2 engaged in basket making and 1 in circular machine knitting.

Periodicals.

Periodicals in Braille and Moon type continued to be supplied free of charge to local blind readers, whilst many of them continued to avail themselves of the library facilities afforded by the National Library for the Blind, to which the Local Authority makes an annual grant.

Use of Deck Chairs on Promenade and Cliffs.

Passes were issued to 305 blind people by the Council's Entertainment Committee to enable them to avail themselves of facilities to use deck chairs on the promenade and cliffs. The renewal of this privilege was much appreciated.

Transport Facilities.

The Corporation's Transport Committee again permitted blind persons to use the buses free of charge; 290 transport passes were issued and assistance was also given to a number of blind persons living in areas not served by the Corporation buses to obtain a similar concession from the Westcliff Motor Services Limited. These facilities are most helpful to the blind, who appreciate them very much.

EPILEPTICS AND SPASTICS. Circular 26/53

Information as to the incidence of these conditions is very incomplete. Indeed, it is remarkable how these patients seem to disappear from official notice after they leave school. Some of them, no doubt, find their place in the community and become absorbed in employment within their capacity; a few of the more severely handicapped enter epileptic colonies, or in the case of the severe cerebral palsies with mental retardation, require admission to institutions. Many epileptics become stabilised on a suitable combination of drugs, and are able to lead normal lives. There must however remain, particularly among the cerebral palsies, a nucleus of patients who live out their lives at home, leading a circumscribed existence within the family, cut off by their disabilities from the wider range of communal activities and social intercourse.

So far there has been no concerted effort to establish contact with these patients or to keep in touch with them after they leave school, with the exception of mental defectives who are also epileptic or spastic. Circular 26/53 which appeared in December, contains a valuable survey of the extent of the problem and the need for special welfare services. The development of these facilities will inevitably take time, and must begin with an effort to secure more complete ascertainment. While the local authority's own sources of ascertainment are, potentially at least, not inconsiderable, there is room for closer liaison with the hospital diagnostic service and the general practitioners.

Nevertheless, it is probably true that the majority of epileptics and spastics are brought to the notice of the school medical officer at a fairly early age, either through the Infant Welfare Clinics or the Health Visitors, or by reason of the close association which is happily maintained between the deputy medical officer of health and the paediatric department of the General Hospital, Southend.

Epileptics.

No accurate estimate can at present be made either of the number of epileptics in the area, or of the number of persons materially handicapped by epilepsy - which is of course not the same thing, since many epileptics lead normal lives provided they continue to receive suitable medication. For these latter the only help required from the welfare services is advice and assistance in the choice of an occupation when they leave school, which is provided by the Education Committee's Youth Employment Service, in consultation with the school medical officer, and guidance in the need for continued medical treatment and periodical re-assessment of their drug dosage. There is however a need for education of the public, and in particular of employers and teachers, to ensure that the epileptic is not shunned by his fellows and excluded from participation in normal activities by reason of an occasional fit. This attitude of mind dies hard: it arises partly from the superstitious awe which this disability has evoked since biblical times, and partly from the more mundane, if more readily understandable, impulse to avoid possible liability for accidents sustained by epileptics while at work or in school.

In suitable cases the Authority provides residential care for epileptics in Colonies, and during 1953 there were 5 patients so maintained. This does not include children maintained by the Education Authority.

Spastics.

The ascertainment of children suffering from cerebral palsy is probably fairly complete, although the diagnosis is not always

made as early as is desirable. Here again however, the majority of patients have hitherto been lost sight of after they have left school, and at the present time there are only about 30 spastics, other than ascertained mental defectives, known to the department, and most of these are below school leaving age. Moreover, this figure includes a number of mild cases who, with suitable choice of employment may be expected to lead normal lives and not to require any special provision. There is undoubtedly a need for greater co-ordination of the existing arrangements for ascertainment, diagnosis, and assessment of the spastic patients' capabilities and needs. Until this is achieved detailed planning for the therapeutic, economic, and social welfare of these patients is handicapped by a lack of precise knowledge, not only of the size of the problem, but of what needs to be done.

NATIONAL ASSISTANCE ACT, 1948. SECTION 37.

Registration of Disabled Persons' or Old Persons' Homes.

			Registered at 31.12.53.	
Homes for Old Persons:	No.		No. of beds	
Voluntary	...	1	18	
Private	...	†13	† 93	
Homes for Old and Disabled Persons:				
Voluntary	...	1	30	
Private	...	†10	† 86	
† 1 home also registered under Southend-on-Sea Corporation Act.				
† 2 homes " " " " " " "				
Homes registered under Section 144 Southend-on-Sea Corporation Act, 1947:				
	...	6	56	

SECTION 47. REMOVAL OF PERSONS IN NEED OF CARE AND PROTECTION (NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951).

This Section empowers the removal of persons "suffering from grave chronic disease" or "being aged, infirm or physically incapacitated are living in insanitary conditions" and, under proper safeguards, their detention in hospitals or other suitable institutions.

It was not necessary to take any formal action under this Section during the year.

SECTION 48. TEMPORARY PROTECTION FOR PROPERTY OF PERSONS ADMITTED TO HOSPITALS.

It is mostly persons admitted to Mental Hospitals whose property requires the protection provided by this Section, and so it is convenient and logical to call on the duly authorised officers to do this work. Two hundred and sixty-one visits were made during the year. The work is time-consuming and can, upon occasion, be very unpleasant.

SECTION 49. RECEIVERSHIPS.

The temporary protection of the property of persons admitted to hospitals not infrequently involves the Department in a more permanent concern with their affairs. Notwithstanding the assistance from the Town Clerk's Department, for which we are most indebted, the discharge of the duties of Receivership continue to be tedious and exacting. Where estates are so small as to be unable to support the charges constantly made by banks and solicitors, and there are no friends or relatives willing or able to act, the local authority must do so, but one does not accept that the public health department is necessarily the most suitable agency for this work. It is suggested that consideration be given to some alternative arrangement.

SECTION 50. DISPOSAL OF THE DEAD.

The local authority has the duty of arranging for the burial or cremation of the bodies of persons dying within the area, in default of action by a relative or friend. The Cemeteries Registrar arranged 13 funerals after investigations had been made by the Health Department.

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COUNTY BOROUGH OF SOUTHEND-ON-SEA

ANNUAL REPORT

ON THE WORK OF

THE SCHOOL HEALTH SERVICE

For the Year 1953





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ANNUAL REPORT

ON THE WORK OF

THE SCHOOL HEALTH SERVICE

For the Year 1953

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1953.

WELFARE AND SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE

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STAFF OF THE SCHOOL HEALTH SERVICE

A. WHOLE-TIME OFFICERS

Principal School Medical Officer:

J. Stevenson Logan, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer:

J. Conway Preston, M.R.C.S., L.R.C.P., D.P.H.

School Medical Officers:

John Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.

Dorothy Kirby Paterson, M.B., B.S., M.R.C.S., L.R.C.P.,
D.P.H.

Catherine Ishbel Mackenzie Ross, M.B., Ch.B., C.P.H.,
appointed 16.2.53, resigned 27.12.53.

Principal School Dental Officer:

Edgar C. Austen, L.D.S., R.C.S. (Eng.)

Superintendent Health Visitor:

Miss Edith Roberts.

Health Visitors and School Nurses:

Miss K.M. Burnett.

Miss M. Butcher. Resigned 5.8.53.

Mrs. U. McGrath.

Miss M.N. Withams.

Miss D.E. Stevens.

Miss G.M. Willcocks. Appointed Deputy Superintendent of
Home Nursing Service 10.12.53.

Mrs. A.M. Hart.

Miss F.L. Blackburn.

Miss M.K. Lock.

Miss B.M. James.

Mrs. J.M. Fairfax.

Miss D.M. Purser. Resigned 5.11.53.

Miss L.M. Marshall.

Mrs. M. Ince. Resigned 28.12.53.

School Clinic Nurse:

Miss D.L. Willis.

Educational Psychologist:

Hubert J. Wright, B.Sc.

Psychiatric Social Worker:

Miss D.L. Freeman-Browne.

School Clinic Attendant:

Mrs. S. Winterflood.

Dental Attendant:

Miss I.J. Sinclair.

Clerks:

Mrs. B.P. Hurrell (nee Law)

Mrs. D. Desmond.

Miss L.C. Howell.

Mrs. M. Bosworth (nee Cheetham).

Miss M. Arkcoll.

B. PART-TIME OFFICERS

Psychiatrist:

H. Bevan Jones, M.R.C.S., L.R.C.P., D.P.M.

Speech Therapist:

Miss P. Road, L.C.S.T.

This report on the work of the School Health Service has been written mainly by my deputy, Dr. J.C. Preston, to whom I am greatly indebted. In large measure the continued success of the service is due to him, for he undertakes its day to day supervision, and examines personally most of the children for whom special provision has to be made.

For some years now, he has been appointed clinical assistant to Dr. R. H. Dobbs, who is in charge of the paediatric wards and out-patients at our local hospitals. This arrangement is of great value to your service, the hospitals and, not least, to the parents and their children, and few weeks elapse without fresh evidence of its usefulness.

The developments to which reference was made in the previous report have continued satisfactorily, and the building of the new special school for educationally subnormal children is awaited with great expectations, particularly by teachers whose classes now contain children who will be suitable for admission to the new school.

The major preoccupation of the year, to which reference is made in the report, was the continuance of the outbreak of poliomyelitis which began in the previous June.

It is with pleasure one acknowledges gratefully the support of the Committee, its officers and the teaching staffs, together with the members of this department on whose consistent and unspectacular work the success of our efforts depends

STAFF.

In February the establishment of medical officers was increased by the appointment of a third school medical officer. The previous establishment of four medical officers for the combined Public Health Department and School Health Service was fixed in 1927 when the population of the Borough was 107,900, although when Shoeburyness and Eastwood were incorporated the appointment of a medical officer for infectious diseases, by releasing the Deputy Medical Officer of Health from hospital duties, had the effect of adding another medical officer to the establishment. Dr. Catherine I.M. Ross, who filled the new post with ability and enthusiasm, resigned for personal reasons in December, and the vacancy had not been filled by the end of the year.

There were several changes in the staff of school nurses, who are also health visitors. Miss M. Butcher, who had earned the affection and respect of the people of Leigh over many years, retired in August on attaining the age limit. Miss D.M. Purser resigned her appointment in November for family reasons, and Mrs. M. Ince in December. Miss G.M. Willcocks also resigned in December on being appointed Deputy Superintendent of Home Nursing.

At the end of the year there were four vacancies in the establishment of fourteen health visitors and school nurses, and although two appointments were made in January 1954, the present staff is insufficient to do all the work for the increased school population and the new schools opened since the War.

The School Dental Service remained short of staff throughout the year because of continuing difficulties in recruitment, and the equipping of the new dental clinic at Burnham Road, Leigh, had again to be deferred, though with rather better prospects for 1954.

THE SCHOOL HEALTH SERVICE AND HANDICAPPED PUPILS REGULATIONS, 1953.

These Regulations, which came into operation on the 4th August, replaced those of 1945 as subsequently amended. One important change made by the new regulations permits the Local Education Authority a greater latitude in the number and timing of routine medical inspections. Formerly three general medical inspections were prescribed at specified periods in a pupil's school career, with provision for additional routine inspections with the approval of the Minister. Now a minimum of three inspections is still prescribed, but the Local Education Authority has discretion as to when these should take place and can arrange additional inspections without Ministerial approval.

The new regulations also alter the definition of certain categories of handicapped pupils, mainly for clarification, but

also to recognise that there is a variety of children who, though properly described as "handicapped", can quite suitably be educated in ordinary schools provided they receive some degree of special help or modification of curriculum.

There are also changes in regard to handicapped pupils boarded otherwise than at schools. In particular, a handicapped pupil boarded by the Local Education Authority in a non-maintained boarding home which has not been approved by the Minister, or in a foster home, shall be periodically visited there on behalf of the authority.

During the year under review, no child was boarded out in circumstances to which the foregoing provision would apply. One child was maintained in a boarding home approved (and inspected) by the Minister.

Ministry of Education Circular No. 269, which is an explanatory memorandum on the new regulations, contains the following statement (Article 15):-

"The efficient conduct of the School Health Service depends above all on the close contact of doctors and nurses with the teachers and the children in the schools. They should be regular visitors, and the teachers should be encouraged to bring forward to their notice both those children who show particular defects and those whose general condition seems to indicate the need for an expert medical examination."

This concise statement is both opportune and welcome. One of the criticisms of the system of routine medical inspection is the infrequency of the examinations, and it has been argued that better use would be made of the available medical resources if it were replaced by a more extensive resort to "special" inspections of children selected by teachers, school nurses, or parents.

Wholly to accept this view is to ignore the substantial number of unsuspected defects which are discovered at routine inspections, but it is undoubtedly true that the School Health Service cannot be fully effective unless teachers make a free use of the facilities for special inspection, which they are much more likely to do if the doctor is a frequent and regular visitor to the school, rather than an occasional interrupter of routine. There are administrative difficulties which prevent our spacing the medical officers' visits to each department uniformly throughout the school year, but in those schools where this has been tried, - namely the girls' grammar schools - both the doctor and the head teachers have been impressed with its advantages.

The substantial loss of school time which is involved in the attendance of pupils at school clinics also deserves consideration. Much of this is unavoidable, since it is impossible for a doctor, or even a nurse, to visit every school each day. There are, however, advantages in holding clinics for the more

distant schools in the school itself, as is done at Eastwood, and formerly at Shoeburyness, High Schools.

A strong case can also be made out for placing a dental clinic on school premises when it can serve a population sufficient to justify the expense of equipping it.

ROUTINE MEDICAL AND DENTAL INSPECTION.

Following the appointment of a third school medical officer in February a larger number of routine medical inspections were completed during the year; 7,535 children were examined as compared with 5,852 in 1952, and the total number of special inspections and re-inspections increased from 9,755 to 10,050.

No alteration was made in the age groups routinely inspected, children being examined, as heretofore, during their first year at a primary school, their last year at a primary school, and their last year at a secondary school. One weakness of this arrangement, which we had considered before the new regulations were published, is in regard to the age at which the first examination for visual acuity is made. The eyesight test is omitted from the first routine inspection, unless there is cause to suspect defective vision, for the obvious reason that most children cannot read letters on entry to school at the age of five years. In consequence the first routine eyesight test now takes place at the second inspection (10 years). Children with a squint or severe short-sightedness, are of course, likely to be presented for special examination before this. Nevertheless it is probable that an examination of all children at about the time when the majority can read letters freely, say at the age of seven and a half years, would reveal a substantial number of defects, which now remain undetected for a longer period. This age would however, be too early for the second routine inspection, and so a special inspection for visual defects is clearly desirable.

Defects found at routine medical inspection show little variation either in number or in pattern, and the general condition of the children remains satisfactory, although there have been the usual fluctuations due to variations of assessment.

With only one dental surgeon available, the treatment of pain and sepsis had unfortunately to take precedence over routine inspection to which only 11 half-days could be devoted.

PROVISION OF MILK AND MEALS.

There were no major changes in the arrangements for the supply of milk and meals; all milk continues to be pasteurised.

The new Belfairs High School which opened in September has its own kitchen, which will later provide container meals to other schools. Fairways Infant School, also opened in September, is supplied with meals from the kitchen at Blenheim School.

Container meals from six central kitchens are supplied to 21 school departments while 15 individual school kitchens provide meals to 33 departments. The daily average number of pupils taking school dinners was 8,873, compared with 10,415 in 1952. The percentage of children taking meals was 37.4% in the primary schools and 52.5% in the secondary schools, as compared with 49% and 60% respectively last year. No doubt the relaxation of rationing of foodstuffs has played a part in lessening the demand for school meals, but an additional factor was the raising of the price of school meals in March.

There was no outbreak of food poisoning attributable to meals supplied by this Service during the year.

ARRANGEMENTS FOR TREATMENT.

1. GENERAL.

There were no major developments to report. From June the weekly minor ailment clinic at Leigh-on-Sea was held on Wednesday afternoon instead of Tuesday afternoon to meet the convenience of the Health Committee which uses the same premises.

The arrangements between the Authority and the Regional Hospital Board and the Southend Group Hospital Management Committee, for the provision of consultant services at the special clinics, have proved mutually satisfactory and were continued unaltered.

Details of the various clinic services are set out below, as required by the Ministry of Education.

A. School Clinics.

Municipal Health Centre, Warrior Square, Southend-on-Sea.
Afternoons at 2.15 p.m. from Monday to Friday throughout the year.

No. 70, Burnham Road, Leigh-on-Sea.
Wednesday afternoons at 2.15 p.m. throughout the year.

Council Offices, High Street, Shoeburyness.
Thursday afternoons at 2.15 p.m. throughout the year.

Eastwood High School, Rayleigh Road, Eastwood.
Monday afternoon at 2.15 p.m. during term-time only.

B. Minor Ailment Treatment Centre.

Municipal Health Centre, Warrior Square, Southend-on-Sea.
Mornings from 9.0 a.m., Mondays to Saturdays throughout the year (Treatment by School Nurse).

C. Dental Clinic.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Two surgeries. Open daily, mornings and afternoons for 11 sessions a week, when the Department is fully staffed. During the present year, with only one dental surgeon, the clinic had to be closed when the surgeon was engaged on routine inspections. The clinic is open for the treatment of emergencies every morning at 9.0. a.m.

D. Eye Clinic.

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Tuesday mornings and alternate Friday mornings at 9.0 a.m. and Thursday afternoons at 2.15 p.m. throughout the year.

E. Orthoptic Clinic.

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Five sessions a week - Monday, Tuesday, Thursday and Saturday mornings, and Tuesday afternoons.

F. Child Guidance Clinic.

Psychiatrist provided by Regional Hospital Board. Premises and ancillary staff provided by the Local Authority.

No. 20 Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. The psychiatrist attends on 4 sessions a week, on Mondays and Fridays throughout the year.

G. Speech Therapy Clinic.

No. 20, Warrior Square, Southend-on-Sea.

The clinic works on an appointments system. The Speech Therapist attends daily, mornings and afternoons, except Wednesday morning and afternoon and Saturday mornings, when she is engaged on work for the Hospital Management Committee. The time-table is subject to variation when the therapist has to visit schools to interview head teachers.

The Central clinic premises at the Municipal Health Centre provide three consulting rooms for medical officers, and in addition to the regular clinic sessions these are in constant use for special examinations by appointment, such as the ascertainment of handicapped pupils.

2. MALNUTRITION.

Free milk and meals are available during term time on medical recommendation or on evidence of economic need. The supply of meals during school holidays was discontinued in 1952, experience having shown that the demand was very limited.

Children attending the Open Air School receive two-thirds of a pint of milk daily and a supplement of cod liver oil and malt unless this is contra-indicated.

Cod liver oil and malt and Parrish's Food are available free on medical recommendation. In general there is little evidence of

malnutrition due to insufficient food. The slight increase this year in the proportion of children classified as of poor nutrition was confined to the first age group and is probably to be accounted for by variations in clinical assessment.

3. MINOR AILMENTS.

The decline in the number of attendances at the inspection clinics, evident since the post-war peak in 1946, again continued, there were 4,038 attendances compared with 5,707 last year. On the other hand attendances for treatment increased from 3,575 to 3,895.

The reasons for this decline are probably complex and were discussed in the Report for the year 1951. This year however, there were fewer "special" inspections (i.e. first attendances) as well as fewer re-inspections so that the decline cannot be attributed to more efficient treatment methods shortening the period of attendance.

Apart from the change in the time of the Leigh Clinic referred to above, there was no alteration in the arrangements previously described.

4. UNCLEANLINESS AND VERMINOUS CONDITIONS.

There was no change in the arrangements whereby advice and treatment are available at the Municipal Health Centre.

Owing to the many other calls on the time of the school nurses the total number of examinations in the schools fell from 44,273 last year to 42,462. The general standard of cleanliness remains satisfactory and only 189 children were found to be infested, compared with 234 in 1952.

Once again there was no occasion to institute legal proceedings or to resort to compulsory cleansing under Section 54 of the Education Act. Formal action under this section is complicated and time-consuming, so our routine procedure is to advise the Head Teacher to exclude the child from school, and to serve an informal notice on the parents, drawing their attention to the state of the child and giving them advice and offering facilities for cleansing. Failure to render the child fit to return to school within a reasonable period would render the parents liable to proceedings under Section 39 of the Act for failure to cause the child to attend school regularly, on the grounds that he was not absent for any unavoidable cause and that the continuance of the direction of exclusion under Section 54 (7) was necessitated by the wilful default of the parent.

5. CONVALESCENT TREATMENT.

The Local Education Authority provides recuperative holidays for school children at convalescent homes, on the advice of the

school medical officers. Thanks to the moderation and good sense of medical practitioners in making recommendations, this provision has hitherto been on rather a modest scale, as is proper in a seaside town with good natural amenities to which the public from other parts of the country are accustomed to resort in search of health. During the year 13 children were provided with convalescent treatment for periods varying from two to six weeks.

6. DENTAL TREATMENT.

Report of Mr. E. C. Austen, Principal School Dental Officer.

The vacancy caused by the resignation of the Assistant Dental Officer in October 1952, remained unfilled throughout the year, so I was again working single handed.

The number of patients seeking treatment as "casuals" remained high at 2,986 and this inevitably made inroads into the amount of time that could be devoted to routine school dental treatment. During the year the amount of sessional help given by the anaesthetists, provided by the Hospital Management Committee, was rather less than in previous years owing to increased commitments at the hospitals.

Although the treatment offered to mothers and children for whom the Maternity and Child Welfare Committee is responsible was limited to the relief of pain and sepsis, it was necessary to devote the equivalent of 20 sessions to these patients. Orthodontic treatment continues to be popular with parents and children alike, but in view of the staff situation the amount carried out must be kept within a reasonable limit in relation to the amount of routine dental treatment, and so not more than one session per week was allowed for this form of treatment.

Following the discussions with representatives of the local branch of the British Dental Association which were reported last year, a revised form of invitation card was introduced as existing stocks were used up. This card, which is reproduced below, is in two halves, divided by perforations, one half informing the parent that dental treatment has been recommended and explaining the means whereby it can be obtained, and the other half for the parents to complete indicating their decision. Until it has been used at all the Local Education Authority's Schools one cannot form a true picture of its effect. However, at one school at the west end of the borough, 50% of those referred for dental treatment opted for treatment by N.H.S. practitioners, whilst a school in the north east section returned a 75% acceptance for treatment by the school dental service.

Date as postmark.

MUNICIPAL HEALTH CENTRE,
WARRIOR SQUARE
SOUTHEND-ON-SEA

Dear Sir/Madam,

Dental InspectionSchool.

At a recent inspection by the School Dental Officer, your child
.....was found to require dental
treatment.

Prompt attention is most important not only to prevent further decay
and sepsis developing now, but to ensure sound teeth and good general
health in later years. Neglect in childhood of decayed or septic teeth
often causes disfigurement and ill health in adult life.

Free treatment can be obtained

- (a) By the School Dental Officers or
- (b) By Private N.H.S. Dental Practitioner.

To obtain treatment under the National Health Service Scheme, take
your child to any dental practitioner whose name appears in the dental
list (to be seen at any post office). Nearly all the dental practitioners
in Southend-on-Sea undertake National Health Service work.

To obtain treatment by the School Dental Officers, complete Part A of
the attached card, **returning this to the Head Teacher of the School
attended by your child.** You will then be informed of the time and place
of the appointment.

Yours faithfully,
J. STEVENSON LOGAN,
School Medical Officer.

**TO THE SCHOOL MEDICAL OFFICER,
SOUTHEND-ON-SEA.**

- *A. **I wish** my child.....to receive dental
treatment at the School Dental Clinic.
- *B. **I intend obtaining** dental treatment for my child.....
under the National Health Service Act arrangements.
- *C. **I do not wish** my child.....to receive treatment
for the reason stated below:

.....
.....

Signed

Address.....
.....

* Please strike out two of these paragraphs.

7. EYE CLINIC.

This clinic is provided by the Hospital Management Committee but conducted at the school clinic. The Local Education Authority also provides the ancillary staff. The number of children who attended was 1,315, compared with 1,084 last year.

The impending retirement, in February, 1954, of Dr. D. D. Evans, the consultant ophthalmologist, was the occasion of consultation between the Authority and the Regional Hospital Board regarding the appointment of his successor and the future policy of the Board in the provision of ophthalmic services for children. The Board was informed that the Authority is impressed with the advantages of the system of holding the ophthalmic clinic on school clinic premises rather than at the hospital. Children attending this clinic are not "sick children", and the out-patient department of a multi-purpose general hospital is not the proper place for them. The School Clinic is more centrally situated than the hospital, and therefore more convenient for parents, and involves less loss of school time. The arrangement has moreover, the incalculable advantage of encouraging personal consultation between the consultant ophthalmologist and the school medical officers on the problems, whether clinical or administrative, of the child with defective vision.

It is satisfactory to record that no immediate change in these arrangements is contemplated.

Operative treatment of squint is provided at Southend General Hospital.

8. ORTHOPTIC CLINIC.

This clinic, which is provided by the Hospital Management Committee, is also held on the school clinic premises. As shown above, the orthoptist now attends on five sessions a week, including the ophthalmic surgeon's session, so that she is available for consultation with him.

The clinic is open to patients of all ages and is not confined to residents of the County Borough. During the year 197 children attending the Authority's schools were treated at the Clinic, and attendances numbered 1,210.

9. DISEASES OF THE EAR, NOSE & THROAT.

No special clinic is provided by the Education Authority, children being referred to the out-patient department of Southend General Hospital. Mr. C. Hamblen Thomas, who was formerly the Committee's consultant surgeon for diseases of the ear, nose and throat, retired from the staff of the Southend Group Hospitals and was succeeded by Mr. S. C. Savage.

Owing to the prevalence of poliomyelitis, the hospital authorities again wisely suspended tonsil and adenoid operations for several months during the summer, and only 218 children are known to have had this operation, compared with 209 last year and 419 in 1951.

Last year reference was made to the ascertainment of defective hearing in children, which continues to engage attention both nationally and locally. It is vital for a child who will require special education on account of deafness to be helped from the earliest possible age and therefore ascertainment should often take place before the child reaches compulsory school age. Effective ascertainment of the pre-school child depends upon co-operation between all who are in any way responsible for the individual child, and here a most important factor is the dual function of the medical and nursing staff of the local authority, which ensures complete integration between the School Health Service and the welfare services of the Local Health Authority. Apart from those children whose parents seek advice at the Infant Welfare Clinics, the health visitor is in a position, in the course of her domiciliary work, to learn of children whose parents have sought the advice of their family doctor or who have been referred to hospital on account of suspected deafness. Contact with the special departments of the hospital is particularly important, the continued association of the deputy principal school medical officer, as clinical assistant, with the consultant paediatrician at the Southend General Hospital is invaluable in ensuring a close liaison with the paediatric and otological departments.

Additional sources of referral are the general practitioners, who are often the first to be consulted about a child's failure to make expected progress, and the speech therapist and the educational psychologist, to whom deaf children may be presented on account of retarded speech or educational backwardness.

The preliminary investigation of a child suspected of deafness is undertaken by the school medical officers, and for this purpose the pure-tone audiometer which was purchased in 1952 has proved most useful. No large-scale audiometric surveys have yet been made, although at the end of the year a small pilot survey of eight year old children in one school was undertaken using the "individual sweep test" technique, in order to gain experience of the method and its practical application.

The ascertainment of deafness demands facilities for expert diagnosis, and it has long been the practice of the Authority to accord a wide discretion to the school medical officer in referring children suspected of hearing defects for full audiological investigation at special clinics in London, and to pay the travelling expenses involved. Increasing use has been

made of the very complete facilities at the Audiology Unit of the Royal National Throat, Nose and Ear Hospital, where there are available, in addition to consultant medical and audiometric services, arrangements for investigation by an educational psychologist and a trained teacher of the deaf. The school medical officer is greatly indebted to the Director of the Unit, Miss C. Whetnall, F.R.C.S., as also to Dr. C. S. Hallpike of the National Hospital, Queen Square, whose pioneer work in developing techniques for the diagnosis of deafness in very young children is widely known.

In addition to these two special hospitals, selected children have been referred to Professor and Mrs. Ewing of the Department of Deaf Education, Manchester University, whose work in this field has achieved an international reputation.

It is believed that the ascertainment of severe degrees of deafness is, in general, early and complete, but one can be less confident about lesser degrees of partial deafness, for the experience of other workers suggests that investigation might reveal cases of defective hearing which at present remain unsuspected or only come to light with the passage of time. This is thought to be commonly true of minor degrees of perceptive deafness of congenital or unknown aetiology. What is even less satisfactory, because more easily avoidable, is the frequently lengthy interval between onset and ascertainment in cases of acquired conductive deafness in older children due to nasopharyngeal catarrh and otitis media. Too often attention is focussed on the physical condition, which receives intermittent treatment, and much time is lost before it is appreciated that special education will be necessary for the child if he is to suffer minimal disadvantage from his disability.

10. ORTHOPAEDIC DEFECTS.

Mr. B. Whitchurch Howell, the Committee's consultant orthopaedic surgeon for many years prior to the National Health Service, retired from the staff of the Southend Group Hospitals this year, and was succeeded by Mr. G. L. W. Bonney.

The special quarterly clinic for children at Southend General Hospital continues to be held. It enables children with whom the school medical officers are concerned to be seen collectively, and affords opportunity for discussion between the orthopaedic surgeon and the deputy principal school medical officer who always attends the clinic. New patients are seen at the ordinary weekly out-patient sessions.

The number of children attending as out-patients was 331 and 32 children received in-patient treatment.

11. SPEECH THERAPY CLINIC.

The services of the speech therapist, which are shared with the Hospital Management Committee, are available to the School Health Service for eight sessions per week. One of these is ordinarily devoted to visiting schools for consultation with head teachers, and preliminary interviews with children about whom the therapist's advice has been sought.

During the year 149 children made 1426 attendances, an average of 9.5 attendances per child. This figure includes children who were only seen once and found not to require treatment beyond advice to the parent or teacher, so that the amount of treatment given to individual children is higher than the figure suggests; 75 new cases were accepted for treatment and 63 children were discharged; there is now no waiting list for treatment.

The speech therapist works in close conjunction with the Child Guidance Clinic which shares the same premises, an arrangement which has much to commend it, since many children with speech defects exhibit also either emotional disturbance or educational retardation.

The co-operation of parents, which is of great importance in speech therapy, has been on the whole, good. Where difficulty is experienced in securing regular attendance it is usually overcome by the assistance of the school nurses or the welfare officers of the Education Department. A child with a severe speech defect requires continuity of treatment and the speech therapist should be regarded as a medical auxiliary and not as an "elocution teacher", so it is disappointing to find that attendances at the clinic fall off markedly during the school holidays.

The conditions for which children received treatment during the year are shown in the following table:

<i>Diagnosis</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Dyslalia	67	20	87
Stammer	41	2	43
Cleft Palate	4	4	8
Dysphonia	1	2	3
Deaf Speech	1	4	5
Dysarthria	1	0	1
Cerebral Palsy	0	2	2
	115	34	149

12. CHILD GUIDANCE CLINIC.

There was no change in the organisation of the clinic, which is provided jointly by the L.E.A. and the Regional Hospital Board. The psychiatrist, who attends on four sessions a week, acts

as specialist medical officer for the ascertainment of maladjusted pupils.

The time of the educational psychologist is apportioned equally between the clinic and the schools, but the psychiatric social worker is attached whole-time to the clinic.

All members of the child guidance team are very fully occupied and there is a substantial waiting period for non-urgent cases. In these circumstances, and in order to make the best use of the available resources, some degree of selection of those cases which are most likely to benefit from treatment has to be accepted, for much time has to be devoted to investigation and diagnosis. Access to the clinic, though not restricted to children referred through the school health service, needs limiting to a small number of channels such as medical practitioners, the school health service, the educational psychologist and the Juvenile Court, if the limited time of the psychiatrist is to be used to best advantage and not dissipated on investigation of cases which are *prima facie* unsuitable for child guidance treatment, such as primary amentia, disorders of the special senses, and the more trivial aberrations of behaviour, for which less specialised advice may be sufficient.

The following table shows a summary of the work done at the clinic during the year:-

CHILD GUIDANCE CLINIC.

Part Time Psychiatrist:

Interviews with children	...	...	...	535
Interviews with parents	...	...	...	572
Interviews with Head Teachers, Probation Officers and other agencies	...	...	...	33

Psychiatric Social Worker:

Interviews with parents	...	...	...	536
Interviews with children	...	...	...	143
Visits to schools	...	...	...	19
Home visits	...	...	...	219
Visits - other agencies (e.g. Probation Officers)	...	...	...	271

Educational Psychologist:

Interviews with children at clinic	...	...	1,505
Interviews with children at school	...	...	546 *
Interviews with parents	...	...	217
Interviews with Head Teachers	...	...	363
Interviews with Probation Officers and other agencies	...	...	35

* includes 110 group-tests.

The following tables show the sources of referral in the 138 cases referred to the clinic during the year, and the age range of the children concerned.

Sources of Referral				Boys	Girls	Total
Parents	...	...	...	14	8	22
School Medical Officer	...	...	...	15	14	29
Probation Officers	...	...	...	2	2	4
Private Doctors	...	...	...	22	17	39
Head Teachers	...	...	...	9	5	14
Juvenile Courts	...	...	...	2	-	2
Other Agencies	...	...	...	1	1	2
Speech Therapist	...	...	...	2	-	2
Medical Officers (S.G.H.)	...	...	...	2	2	4
Educational Psychologist	...	...	...	10	6	16
Transfers from other Child Guidance Clinics	...	...	...	1	-	1
Education Office	...	...	...	2	-	2
Essex County Council	...	...	...	-	1	1
				82	56	138

Age Range				Boys	Girls	Total
Under 5 years	...	...	...	9	2	11
5- 7 years	...	...	...	22	19	41
8-10 years	...	...	...	28	17	45
11-13 years	...	...	...	20	14	34
14-16 years	...	...	...	3	3	6
16 +	...	...	...	-	1	1
				82	56	138

FOLLOWING-UP AND WORK OF NURSES.

The work of the health visitor and school nurse is fundamental to the school health service. She is the principal link between the maternity and child welfare service and the school health service, and between the child as a unit in the family and as a pupil in the educational system. The range of her duties does not vary much from year to year and therefore provides little material for annual comment, although in fact she has a part in every new development.

In addition to the superintendent health visitor there is an establishment of fourteen health visitors and school nurses, although as noted earlier in this report, during the present year there were vacancies in the staff from August onwards.

Health visiting areas are based primarily on infant school districts. When an area is without a nurse for a substantial period additional work falls to the nurses of adjoining areas, since it is not practicable to spread the additional duties evenly among ten or twelve others, some of whom are ordinarily working at the other end of the town. The burden can to some extent be spread by allocating other nurses to the health visitor's clinic sessions, but this is neither satisfactory nor readily acceptable to the nurses themselves, who naturally prefer continuity of attendance at the clinics for which they are responsible. These difficulties are accentuated when, as at present, a shortage of staff coincides with the opening of new schools each of which has to be assigned to an individual school nurse for the regular duties of routine medical inspection,

cleanliness surveys and infectious disease control.

The participation of the health visitors and school nurses in the teaching programme in certain of the girls' secondary modern schools is now well established. Apart from its contribution to the training of the senior girls for their future responsibilities as housewives and mothers, it helps to consolidate the position of the school nurse as a regular member of the teaching staff with an integral part in the educational system.

The following table shows the follow-up visits made by the nurses during the year:

	No. of Children	No. of Visits
Enlarged tonsils, adenoids or mouth-breathing	242	263
Squint or defective vision	407	420
Deformities	39	61
Verminous conditions	91	114
Infectious diseases	877	920
Contagious skin diseases (Impetigo, Scabies, Ringworm)	25	26
Malnutrition, neglect etc	6	6
Defective teeth	17	20
Tuberculosis	18	19
Other conditions, e.g. Blepharitis, Bronchitis, Otorrhoea, etc.	1,272	1,383
Total	2,994	3,232

HANDICAPPED PUPILS.

The new regulations, to which reference is made elsewhere in this report, have made changes in several of the categories of "handicapped" pupils. It should be noted that a handicapped pupil is not merely a child who has a disability; he is a child who "requires special educational treatment".

The definition of "partially deaf pupils" has been altered in conformity with the modern view that a child who has naturally acquired speech and language should be educated by methods appropriate to the partially deaf, even though his hearing defect may be a very severe one.

The new definitions of epileptic and physically handicapped pupils, instead of being limited to children who cannot be satisfactorily educated "in an ordinary school", are widened so as to include those who cannot be be educated "under the normal regime of ordinary schools". The effect of this is to bring within the scope of the definitions all children with these defects who are able, with some degree of special help, to attend ordinary schools. It should be noted that this is likely, in the future, to produce a statistical increase in the number of children "ascertained" as handicapped.

The definition of "delicate" pupils has been altered in two respects. Firstly, it has been made the residual category in which are placed all "handicapped" pupils not included in one of the other categories, and in this connection the separate category of "diabetic" pupils has been omitted. Secondly, it has been widened to include children "who by reason of impaired physical condition need a change of environment" and thus recognises the fact that some delicate children can be educated under the normal regime of an ordinary school in altered circumstances, as for instance, while living in a Boarding Home.

The arrangements for home tuition which were described in some detail in last year's report, were continued without alteration, and the teacher for home tuition also continued her bi-weekly visit to long-stay patients in the children's ward at Southend General Hospital.

In December the Committee decided to facilitate the sending to Switzerland of selected children suffering from chronic asthma. Many children suffering from this complex and disabling condition seem to gravitate to Southend-on-Sea, often by the deliberate choice of their parents, who hope that the climate will benefit them. They form the largest group at the Day Open Air School and many of them derive substantial benefit from the regime obtaining there. He would however, be a bold protagonist who claimed for any health resort that it benefited all cases of asthma. There is a minority of cases which proves resistant to any form of treatment. Some, particularly those in whom there is a large element of emotional disturbance, make better progress in residential open air schools, and it has long been the Authority's practice to make use of "special" schools in this country for this type of patient. Children who do not respond to open-air treatment in this country have been found to benefit from residence in Switzerland, where it is believed the high altitude is an important factor.

One of the disappointing features of residential treatment for asthma is the tendency for symptoms to recur when the patient returns home. Nevertheless, asthma in childhood has, in the main, a good prognosis, and experience suggests that if treatment is begun before there is permanent structural damage to the lungs and chest wall, and if it is continued long enough, there is a substantial prospect of lasting benefit. If the best results are to be obtained for the expenditure involved, children who are sent to Switzerland should remain there for at least 12 to 18 months.

The trustees of the Alexandra Fund, which is administered by the National Association for the Prevention of Tuberculosis, arranged to send a party of asthmatic children to "Pro Juventute"

sanatorium at Davos, and on the recommendation of the consultant paediatrician, Dr. R. H. Dobbs, five Southend children were included in the first party which left London by air on the 10th December, escorted by members of the British Red Cross Society. Arrangements for the welfare and education of the children while they are in Switzerland had been made in advance by the trustees of the Fund, who also receive periodical reports on their progress from the B. R. C. S. representative in Davos.

The success of this scheme will depend in some measure on the extent to which it receives support from L. E. A's. In particular, the importance of the educational aspect should not be overlooked; a whole-time English teacher can only be justified if the trustees can guarantee a certain minimum number of children. The resources of the Alexandra Fund are limited, and L. E. A's were asked to contribute in respect of each child from their area included in the scheme. The Committee generously decided to support this scheme.

It is important that these arrangements should be used with discretion. Most asthmatic children improve spontaneously as they grow older, eventually losing their asthma altogether, and it is neither necessary nor possible to send every asthmatic child to Switzerland. The policy of the medical advisers to the Alexandra Fund, with which the Committee are in agreement, is to make a careful assessment of the medical history and clinical condition of each child, and to select only those who exhibit severe and intractable symptoms which have demonstrably failed to respond to open-air treatment in England.

Early in the new year Dr. Dobbs visited Davos, and the Committee are indebted to him for an encouraging report of the children's progress. It is of course too early to evaluate the likely results but it is satisfactory to know that the children appeared to have settled down very well in their unfamiliar surroundings and to be happy and well cared for.

SPECIAL SCHOOLS.

The work of the Open Air School continued to expand with the provision of two new classrooms, although recruitment was rather slow at first. This would be a matter for congratulation if due to a low incidence of physical defects in the child population, but it seems more likely that we have not yet overcome the effects of the closure of the school for over a decade. The advantages which open-air school education offers to the delicate child need to be brought home to teachers and parents, for there is insufficient appreciation of the aim of the school to offer both educational and physical rehabilitation to the child who

has lost ground on account of ill-health. Parents are sometimes apprehensive lest a child's prospects of gaining a place in a grammar school be adversely affected by attendance at the open air school, forgetting that his prospects have already been affected by the interruption of his schooling due to ill-health.

Reference was made in last year's report to the arrangement whereby children from the school attend Southend General Hospital in an organised party for physiotherapy. Unfortunately the pressure on the Department of Physical Medicine is such that the amount of time which can be devoted to this work is limited. The asthmatic can, with the co-operation of their parents, supplement their treatment by breathing exercises at home, but there is no doubt that some of the more severely physically handicapped children would benefit from more intensive skilled physiotherapy than is available at the present time, and the direct employment of a physiotherapist at the school is deserving of consideration in the future.

Children attending the Open Air School are re-examined frequently on the occasion of the medical officer's weekly visits, and the good progress previously reported was well maintained this year.

OPEN AIR SCHOOL.

The following table shows an analysis of the medical condition of the 92 children who were in attendance during the year:-

	Boys	Girls
Asthma	17	11
Bronchiectasis	5	1
Recurrent Respiratory Infections	11	5
Recovered Pulmonary Tuberculosis	3	1
Recovered Tuberculous Spine	1	-
Recovered Tuberculous Hip	-	1
Tuberculous Pericarditis	1	-
Recovered Tuberculous Meningitis	-	1
Tuberculosis Contacts	2	1
Cerebral Palsy	4	5
Arthrogryposis	1	-
Torticollis	-	1
Lipodystrophy	-	1
Post-Poliomyelitis	-	1
Friedreich's Ataxia	1	-
Pseudo-hypertrophic Muscular Dystrophy	1	-
Rheumatic Carditis	2	-
Sub-acute Rheumatism	-	2
Congenital Heart Disease	-	1
Still's Disease	1	-
Congenital Dislocation of Hip	-	1
Hypothyroidism	-	1
General Debility	5	3
	<u>55</u>	<u>37</u>

Provision for educationally subnormal children remains inadequate and the difficulties under which the Headmistress, Mrs. S. A. Horton, and her staff work at St. Christopher's School are underlined by the attractive and imaginative plans for the new special E. S. N. School, work on which will begin next year. Some relief for the present waiting list will be afforded when an additional class at St. Christopher's is opened. In the meantime, Mr. Wright, the educational psychologist, has established a special therapy group for a small number of children who present special problems, which has proved a most valuable interim measure pending their admission to a special school.

To find vacancies for children in residential special schools is now becoming rather less difficult, except for maladjusted pupils and children with multiple defects, particularly those who are educationally subnormal and physically handicapped.

The following table shows the number of children maintained in residential special schools not provided by the Authority.

BLIND AND PARTIALLY SIGHTED.

	Boys	Girls
West of England School for the Partially Sighted	1	2
Dorton House, Aylesbury	3	3
Brighton School for Partially Sighted Boys . . .	2	"
Lindon Lodge, Wimbledon	1	"

DEAF AND PARTIALLY DEAF.

	Boys	Girls
Royal School for the Deaf, Margate	5	1
Royal Institution for the Deaf, Derby	"	2
Royal School for the Deaf & Dumb, Martley Worcester	1	"
Brighton School for the Partially Deaf	3	2
Beverley School for the Deaf (Boarded out to attend as Day Pupil)	1	"
Tewin Water, Herts	1	"
Donnington Lodge for the Deaf	"	2
Rayners School, Penn	1	"

EDUCATIONALLY SUBNORMAL.

	Boys	Girls
East Hill House	1	"
Littleton House, Girton	1	"
Monyhull	1	"
Ramsden Hall	2	"
Sheiling Curative School	1	"
Pontville R. C. School	1	"
Great Stony School	1	"

PHYSICALLY DEFECTIVE AND DELICATE.

	Boys	Girls
Hinwick Hall, Wellingborough	1	"
St. Catharine's Home, Ventnor	2	"
St. Monica's Home, Kingsdown	"	1
St. John's, Woodford Bridge	1	"
Anthony and Annie Muller Home, Broadstairs . . .	1	"

PHYSICALLY DEFECTIVE AND DELICATE Cont.

				Boys	Girls
Dedisham Convalescent Home	...	...	...	1	-
Hamilton House, Seaford	...	...	...	1	-
Puckle Hill House School	...	...	...	1	-
Hurst Lea School, Kingsgate	...	...	...	1	-
St.Loyes College	...	...	...	-	1

EPILEPTIC.

				Boys	Girls
Colthurst House	...	...	...	1	-
Chalfont Colony	...	...	...	-	1

MALADJUSTED

				Boys	Girls
St.Catharine's Home, Almondsbury	...	...	...	1	-
Nazeing Park School	...	...	...	1	-
Chaigeley School	...	...	...	1	-
Ledston Hall	...	...	...	1	-

NURSERY CLASSES.

Owing to the demand for accommodation in the primary schools, the nursery class at Thorpe School and one of the two classes at Bournemouth Park School had to be closed. The only two nursery classes which now remain are at the Open Air School and Bournemouth Park School.

Opinion is divided about nursery classes, lest these should encourage the employment of married women. The number of these classes in Southend has always been limited and they have been very useful to families in special circumstances, and to children who for medical or psychiatric reasons need nursery class regimes. For these reasons, if for no other, the loss of half the nursery class provision is a matter for regret no less to the Committee than to the parents.

No public health problems were presented by the remaining classes during the year.

YOUTH EMPLOYMENT SERVICE.

The arrangements for reporting on the problems of handicapped school-leavers have been described previously and were continued without modification.

The service has proved most valuable in placing juveniles with special difficulties in employment, and the co-operation of the Youth Employment Officer is gratefully acknowledged.

EMPLOYMENT OF SCHOOL CHILDREN.

Children over the age of thirteen who seek employment outside school hours are required to be medically examined, and during the present year 404 children were presented for this purpose, compared with 400 in the previous year. Of these, 335 were boys and only 69 were girls. These figures of course, relate to remunerative employment and it is at least possible that an equivalent number of girls are engaged in the performance of household duties in their own homes. Of the 404 children, 70 boys and 15 girls were pupils attending grammar schools.

In addition 34 girls were examined for temporary theatrical employment.

TRAINING OF DISABLED PERSONS.

There were again no examinations of disabled students attending courses at the Municipal College.

In October a class for adult backward readers was started at the Municipal College as part of the further education programme. The arrangements were brought to the notice of potential students who, it was thought, might be interested, including a number of former pupils of St. Christopher's School. The response was gratifying, and encouraging reports have been received of the progress made and the appreciation expressed by the students for the help they are receiving.

SCHOOL HYGIENE.

The School Medical Officer advises the Committee on problems of hygiene in the schools and in the school meal service. Where necessary the chief sanitary inspector is always pleased to advise head teachers on sanitary matters in consultation with the superintendent school caretaker.

The construction of new schools invites interesting comparisons between the trends of architectural design at the present day and in former years. The light materials, open design and ample window space now employed represent a great advance on the older, "institutional" type of school, and progress is evident in such matters as lighting, heating, ventilation, and the design and siting of sanitary accommodation. On the other hand, post-war austerity standards have in some cases led to experiments in the siting of cloakrooms in corridor bays which must be accepted with some reservation since their successful management from the hygienic point of view depends upon the teachers maintaining adequate ventilation.

INFECTIOUS DISEASES.

(a) GENERAL.

The common infectious diseases of childhood presented no unusual features during the year. There was an epidemic of measles in the first three months of the year which was expected following the normal periodicity of this disease. As usual, the disease took its heaviest toll in the younger age groups and attendance in the infant departments was correspondingly reduced.

Scarlet fever, to which some reference was made in the last report, smouldered throughout the year, in common with other manifestations of streptococcal infection, but flared up almost to epidemic proportion in the later weeks of the autumn term, and imposed an additional burden on the school nurses in the surveillance of contacts and the search for sources of infection in the schools.

(b) TUBERCULOSIS.

Two tuberculin test surveys were carried out this year, both by the Mantoux intradermal method.

At Wentworth High School 37 out of 38 in a class of fourteen year old children were tested because there was reason to think that opportunity for contact with tuberculosis had occurred. The number giving a positive reaction to a dose of 10 International Tuberculin Units was 8 (21.6%). These children, together with one child whose parents had refused permission for the skin test, were subsequently x-rayed. No active infection was discovered, although five of the positive reactors showed x-ray evidence of old healed primary lesions.

Reference was made in the report for 1952 to the anomalous results obtained by the tuberculin jelly test at Southend High Schools, the Boys' school producing 36.3% positive and the Girls' school 82.2% positive. It was decided to re-test the same children with the Mantoux test, and this was done in July. Unfortunately the number of acceptances for the second test was much smaller, 80 boys out of 237 who had the jelly test, and 114 girls out of 186.

In this test the proportion of children showing positive reaction to a dose of 10 I.T.U. was 28.7% in the Boys' and 25.4% in the Girls' school, a result which might reasonably be expected in the absence of any special focus of infection in either school.

The following table shows a comparison of the results in the two tests:

CHILDREN BORN BETWEEN 1933 AND 1938 INCLUSIVE

+ = Positive
 - = Negative
 D = Doubtful

T. Jelly 1952	+	+	-	-	D	D	Total
Mantoux 1953	+	-	+	-	+	-	Tested
Southend High School for Boys	16	10	7	46	-	1	80
Southend High School for Girls	23	68	6	17	-	-	114
TOTAL	39	78	13	63	-	1	194

The 13 children who had apparently "converted" from negative jelly test to positive Mantoux test were all x-rayed. No evidence of active infection was found, but two children who showed old calcified lesions, should presumably have been positive at the first test.

The most striking feature of the above table is the number of girls recorded as positive to the jelly test, but negative to the Mantoux test. It seems probable that the reason for the discordant results in the 1952 test is to be found in the preparation of the skin with "flour paper" and acetone before the application of the jelly as this may have produced a number of false "positives" among the more tender-skinned girls.

Ministry of Education Circulars 248 and 249 which deal with the protection of school children against tuberculosis were the subject of consideration last year.

The present arrangements contemplate the clinical and x-ray examination of three classes of persons, viz:

- Entrants to courses of training for teaching.
- Entrants to the teaching profession on completion of an approved course of training.
- Entrants to the teaching profession other than those included in (b).

The responsibility for medical and x-ray examination rests with the local authority in categories (a) and (c) and with the training college in category (b). X-ray examination has been obligatory for categories (b) and (c), that is, all entrants to the teaching profession, since April 1953, but is not yet obligatory, though recognised as desirable, in the case of category (a). Nevertheless, the training colleges appear to require their candidates to be x-rayed, whenever possible. This is a commendable policy but requires to be viewed in relation to other cognate considerations. Owing to the limited facilities for x-ray examination, it has not yet been possible to carry out all the recommendations of the Joint Tuberculosis Council. In

particular, non-teaching staff entering employment in schools, and teachers transferring from one Authority to another, are not required to be x-rayed, and there are no obligatory arrangements for annual x-ray. It should also be remembered that persons entering training colleges will in any case be x-rayed at the end of their course, on becoming entrants to the teaching profession.

(C) POLIOMYELITIS.

This disease again caused much anxiety to those responsible for the School Health Service, for the outbreak of the previous year continued, and a new peak was reached towards the end of the summer term. The evidence which suggested that certain infant schools may have been foci of infection, the measures taken to cope with the situation and the development of our techniques, are described in the report of the Medical Officer of Health.

Among children of school age (5-15 years) there were 25 cases of poliomyelitis, 18 males and 7 females. The larger proportion occurred in the younger (5-10) children, among whom there were 13 boys and 5 girls affected. The incidence of paralysis was mercifully low, 4 boys and 3 girls being left with residual disability, as under:-

J.P. aged 6	Moderate paralysis both legs. Some weakness of inter-costals
P.W. aged 6	Right foot drop.
S.J. aged 9	ditto
A.C. aged 6	Weakness both legs (non-resident in C.B.)
D.A. aged 6	Slight residual facial palsy.
M.P. aged 6	Slight weakness right thigh.
R.S. aged 13	Moderate weakness thigh.

None of these children has required special residential education, and close liaison is maintained between the school health service and the orthopaedic department of the hospital.

PRIMARY AND SECONDARY SCHOOLS.

RETURN OF MEDICAL INSPECTIONS: YEAR ENDED 31ST DECEMBER, 1953.

TABLE I.

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:-

Entrants	...	...	...	3,736
Second Age Group		...	...	2,358
Third Age Group		...	...	1,441

<i>Number of other Periodic Inspections</i>				<u>—</u>
Total				<u>7,535</u>

B. OTHER INSPECTIONS.

Number of Special Inspections		4,532
Number of Re-Inspections	...	<u>5,518</u>
Total		<u>10,050</u>

C. PUPILS FOUND TO REQUIRE TREATMENT.

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants ...	32	378	403
Second Age Group	104	229	322
Third Age Group	62	138	192
Other Periodic Inspections	—	—	—
Grand Total	198	745	917

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1953.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Re- quiring treat- ment	Requiring to be kept under ob- servation, but not re- quiring treatment	Re- quiring treat- ment	Requiring to be kept under ob- servation, but not re- quiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin ...	168	94	285	27
5	Eyes- (a) Vision ...	198	503	1133	50
	(b) Squint ...	55	143	23	5
	(c) Other ...	80	33	131	19
6	Ears- (a) Hearing ...	49	77	58	15
	(b) Otitis Media	10	-	71	7
	(c) Other ...	-	2	84	17
7	Nose or Throat ...	78	658	122	38
8	Speech ...	14	57	14	8
9	Cervical Glands ...	2	96	20	6
10	Heart and Circulation	1	46	2	3
11	Lungs ...	19	234	30	16
12	Developmental: ...				
	(a) Hernia ...	7	37	-	-
	(b) Other ...	13	185	1	-
13	Orthopaedic: ...				
	(a) Posture ...	6	204	8	3
	(b) Flat foot ...	6	71	24	7
	(c) Other ...	55	333	30	6
14	Nervous system: ...				
	(a) Epilepsy ...	1	65	4	2
	(b) Other ...	-	-	6	12
15	Psychological: ...				
	(a) Development ...	9	52	20	8
	(b) Stability ...	9	114	193	8
16	Other ...	171	331	756	366

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED
DURING THE YEAR IN THE AGE GROUPS

Age Groups	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col.2	No.	% of col.2	No.	% of col.2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	3736	1223	32.7	2463	65.9	50	1.4
Second Age Group ...	2358	813	34.5	1530	64.9	15	0.6
Third Age Group ...	1441	413	28.7	1023	71.0	5	0.3
Other Periodic Inspections	-	-	-	-	-	-	-
Total	7535	2449	32.5	5016	66.6	70	0.9

TABLE III.

INFESTATION WITH VERMIN

(I) Total number of examinations in the schools by school nurses or other authorised persons ...	42,462
(II) Total number of individual pupils found to be infested ...	189

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

- Notes - (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.
- (b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

GROUP I - DISEASES OF THE SKIN (excluding uncleanness, for which see Table III).

				Number of cases treated or under treatment during the year.	
				By the Authority	Other wise
Ringworm - (i) Scalp	...	...	1		
(ii) Body	...	...	2		
Scabies	...	...	5		5
Impetigo	...	...	29		5
Other skin diseases	...	...	444		12
Total				481	22

GROUP 2 - EYE DISEASES, DEFECTIVE VISION AND SQUINT.

				Number of cases dealt with	
				By the Authority	Other wise
External and other, excluding errors of refraction and squint	...	...	356		17
Errors of refraction (including squint)	...	...	959 *		46
Total				1,315	63
Number of pupils for whom spectacles were					
(a) Prescribed	...	...	378 *		8
(b) Obtained	...	...	207 *		8

* Including cases dealt with under arrangements with Supplementary Ophthalmic Services.

GROUP 3 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear ...		32
(b) for adenoids and chronic tonsillitis ...		218
(c) for other nose and throat conditions ...		28
Received other forms of treatment	191	4
Total	191	282

GROUP 4 - ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals ...		32
	By the Authority	Otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient departments ...		331

GROUP 5 - CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of Pupils treated at Child Guidance Clinics	188	

GROUP 6 - SPEECH THERAPY

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapist	149	

GROUP 7 - OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments ...	668	1420
(b) Orthoptic treatment ...		1210

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:-				
(a) Periodic age groups	...	...		2,487
(b) Specials	...	...	...	<u>2,986</u>
(c) TOTAL (Periodic and Specials)	...			<u>5,473</u>
(2) Number found to require treatment	...			5,253
(3) Number referred for treatment	...	...		5,198
(4) Number actually treated	...	...	...	4,229
(5) Attendances made by pupils for treatment				6,344
(6) Half days devoted to:-				
(a) Inspection	...	...	...	11
(b) Treatment	...	...	...	<u>428</u>
			Total	<u>439</u>
(7) Fillings:-				
Permanent Teeth	...	...	...	770
Temporary Teeth	...	...	...	<u>6</u>
			Total	<u>776</u>
(8) Number of teeth filled:-				
Permanent Teeth	...	...	...	736
Temporary Teeth	...	...	...	<u>6</u>
			Total	<u>742</u>
(9) Extractions:-				
Permanent Teeth	...	...	...	1,254
Temporary Teeth	...	...	...	<u>6,348</u>
			Total	<u>7,602</u>
(10) Administration of general anaesthetics for extraction				
	...	...	...	3,348
(11) Other operations:-				
(a) Permanent Teeth	...	...	...	2,025
(b) Temporary Teeth	...	...	...	-
			Total	<u>2,025</u>

